

Membership Application Form Year

B Member (Principal residence >40 Km from club)

Type of Membership: (See attached Schedule)

Upon receipt of this application for membership, the proposer and the person seconding will be contacted before the candidate's name will be placed before the committee.

Personal Details:

Name: _____

Tel: _____

Address: _____

Mobile _____

Email: _____

DOB: _____ Gender: _____

Golfing Details: Are you currently a member of another Golf Club (Past or present)

Yes _____ No _____

1. If Yes, Club: _____

Handicap ___ CDH NO _____

2. Will Connemara Golf Club be your Home Club?

Yes _____ No _____

3. Proposer

Name: _____

Tel: _____

Seconding

Name: _____

Tel: _____

We use the information above to allow us to fulfill our contractual obligations to you as a member in accordance with our club's articles/rules/constitution. We share this information with our external and internal Data Processors who adhere to our privacy policy.

We would also like to be able to correspond with you regarding our club's activities and in order for us to carry out this processing we require you to positively opt in by completing the boxes below.

'I am happy for you to communicate with me regarding additional club activities via the following means' Please fill in the information and tick the relevant box (es): Post: () Email: () Telephone: () Mobile: ()

We have attached a copy of our clubs Privacy policy to this application form for you to be able to view but if you need any further information, please write to the Data Controller at the above address.

'I understand that should my membership application be successful I will be bound by the club's articles/rules/constitution'

We may also wish to share your information with the professional so that they may send you information about their products and services by email. If you agree to your information being shared in this way, please tick the box ()

Should you leave the club we would like to continue to hold your personal data so that we may contact you with details about future membership offers. If you agree to us retaining your personal data for this purpose, please tick the box ()

'I confirm I am over the age of 16 and have read, understood and agree with the way my data will be used by the ... Golf Club' - If under the age of 16 a parent or guardian must sign this form on your behalf.

I confirm have been made aware of the nature of and conditions relating to my membership of Connemara Championship Golf Links

Signature: _____

Date: _____

Accepted on Behalf of Connemara Golf Club

Name: _____

Signature: _____