

## ENNIS GOLF CLUB

## **Membership Application**

NAME:			
ADDRESS:			
Post Code:	Da	ate of Birth:	
Do You Hold A Current Handicap?			!
If Yes. Please provide your CDH Number:			
If No. Have you ever held a hand	1	1	
If Yes. What was it and when was it held:			
Emergency Contact:			

## **Emergency Contact Number:**

We use the information above to allow us to fulfil 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: *Address as above* .....

Email:	
Telephone	
Mobile	

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.

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 Club General Manager at Ennis Golf Club, Drumbiggle Road, Ennis, Co. Clare. V95 D2YX.

Our Club Constitution states "The names and addresses of persons proposed as ordinary members of the club shall be displayed for seven days, before their election, on the club's notice board". 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.

Signature: Applicant	Date:

Print Name:

Proposed By:

Proposed By:

Signature

Print Name

Seconded By:

Seconded By:

Signature

Print Name