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BURFORD
GOLF CLUB

BURFORD GOLF CLUB LIMITED
REGISTERED OFFICE: BURFORD GOLF CLUB
BURFORD
OXFORDSHIRE
OX18 4JG
www.burfordgolfclub.co.uk

**APPLICATION TO JOIN THE WAIT LIST FOR
ADULT PLAYING MEMBERSHIP**

FORM OF PARTICULARS

DATE:

TITLE: (Mr, Mrs, Miss, Ms) _____

SURNAME: _____

FORENAMES: _____

KNOWN AS: _____

ADDRESS: _____

_____ POSTCODE _____

TELEPHONE NUMBERS: Home: _____

Mobile: _____

Work: _____

E-MAIL ADDRESS: _____

(By supplying us with your e-mail address you give us permission to correspond with you via this method.)

PROFESSION OR OCCUPATION: _____

DATE OF BIRTH: _____

HANDICAP: (If any) _____

PRESENT GOLF CLUB MEMBERSHIPS: (If any) _____

PREVIOUS GOLF CLUB MEMBERSHIPS: (If any) _____

SIGNATURE OF APPLICANT:

PLEASE ALSO COMPLETE THE QUESTIONNAIRE OVERLEAF

Application Terms and Procedures

When a suitable vacancy arises a Nomination of New Adult Member form will be sent to you. A proposer and seconder will then be required to sponsor your application by signing your application form. Both proposer and seconder must have been Full Playing Members of the Club at that point for a minimum of **three** years, at the time of signing.

It would be helpful if you could please indicate below who you provisionally expect to act as your proposer and seconder.

PROVISIONAL PROPOSER:

ADDRESS:

POSTCODE.....

PROVISIONAL SECONDER:

ADDRESS:

POSTCODE.....

In order for us to understand what attracts people to apply for membership of Burford Golf Club, please could you complete the following where 10 stands for very important to 0 for no importance.

- 1.Travelling distance _____
- 2.Course characteristics _____
- 3.Club house facilities _____
- 4.Subscription fees _____
- 5.Members recommendation _____
- 6.Spouse or partner is a member _____
- 7.Other _____
(please give details)

Note. The answers given will not affect your application to join.

DATA PROTECTION

We use the information you have given to allow us to fulfil our contractual obligations to you as a prospective 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 activities including events and competitions by way of post, telephone, email or SMS.

*‘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 given on application form	<input type="checkbox"/>
Email:	<input type="checkbox"/>
Telephone:	<input type="checkbox"/>
Mobile:	<input type="checkbox"/>

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.

If you need to see a copy of our Privacy policy please contact the Club Office.

‘I understand that should my membership application be successful I will be bound by the Club’s articles/rules/constitution’.

‘I confirm I have read, understood and agree with the way my data will be used by Burford Golf Club.

Signature:

Date:

Print Name: