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

SOCIAL MEMBERSHIP APPLICATION FORM

CONFIDENTIAL

Application for consideration for Social Membership

FORM OF PARTICULARS

(Please complete in Block Capitals throughout).

1. TITLE (Mr.,Mrs.,Miss, Ms)
2. SURNAME _____
3. FORENAME _____
4. KNOWN AS _____
5. ADDRESS _____
_____ POSTCODE _____
6. TELEPHONE NUMBERS _____
7. E-MAIL ADDRESS _____
(By supplying us with your e-mail address you give us permission to correspond with you via this method.)
8. DATE OF BIRTH _____

PROPOSER..... SECONDER.....

Date Received:

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.

‘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: