

New Member Details

Name	
Membership Number	
Membership Category	
Date of Birth	
Age	
Home Address	
Post Code	
Telephone Number	
Email Address	

PLEASE PROVIDE US WITH TWO PASSPORT SIZE PHOTOS

Previous Club Details (If Applicable)

Previous Club Name	
Date Left	
Handicap on Leaving	
CDH Number	
If member of two Clubs, please state your "Home Club"	

Payment Details

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I warrant that the above information is correct and thereby apply to be considered for membership and agree to be bound by the rules of Brett Vale Golf Club Limited.

Data Protection

I understand that by completing this application form I am consenting to receiving information about Brett Vale Golf Club by post, email, SMS/MMS, online or phone unless stated otherwise. In addition I consent to my image being used for promotional purposes via social media, the club website and press releases.

Data Protection Opt Outs

You have the right to refuse direct marketing and can do so by ticking the relevant option.

I do not wish to receive information about the Club's latest events and special offers. Please tick

I do not give my consent for my image to be used for promotional purposes. Please tick

Applicants' Signature _____ **Date** _____