

It is important that we can communicate with you regarding the Club's activities and related golf matters and in order for us to do this we require you to positively opt in by completing the boxes below.

I am happy for you to communicate with me regarding the matters stated above via the following means

Please tick the relevant boxes. Post : Email : Telephone : Mobile .

We may also wish to share this information with the Club's linked professional so that they may send you information relating to their products and services. If you are agreeable to this action then please complete the boxes below.

I am happy for you to share my information in this way via the following means.

Please tick the relevant boxes. Post : Email : Telephone : Mobile

Certain communications can be classed as marketing and we therefore ask that you agree to receive such information by completing the boxes below.

I am happy for you to communicate with me regarding marketing via the following means.

Please tick the relevant boxes. Post : Email : Telephone : Mobile

The Club's Privacy Policy is available for you to view but if you need further information please write to the Data Controller, Ben Rhydding Golf Club, High Wood, Ben Rhydding, Ilkley, West Yorkshire, LS29 8SB.

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, visitor deals and other golf matters that may be of interest.

If you agree to the Club retaining your personal data for these purposes, please tick the box .

In the case of an emergency it may be helpful if we could contact someone on your behalf. Please therefore supply us with the name and contact telephone number of such a person.

Emergency Contact Name Tel. No.

- 1) *I wish to apply for membership of Ben Rhydding Golf Club.*
- 2) *I confirm that I am over the age of 16 and have read, understood and agree with the way my data will be used by Ben Rhydding Golf Club. If under the age of 16 a parent or guardian must sign this authority on your behalf.*

Signature (Applicant/Guardian – delete as appropriate)

Date Print Name

Proposer (Signature) Print Name.

Seconder (Signature) Print Name

How did you find us ? Our Website Visit to Club By a member As a Visitor

Other Means