

BEN RHYDDING GOLF CLUB

APPLICATION FOR MEMBERSHIP

To the Secretary, I wish to apply for membership of Ben Rhydding Golf Club. I accept my membership record including my personal details will be held on computer file. I understand that should my membership application be successful, I will be bound by the Club's Rules.

NAME (in full). Title.

ADDRESS.

POSTCODE. DATE OF BIRTH.

Telephone Number (s) Home. Mobile.

Email.

Name of any Golf Club
of which you are or

have been a member Date(s). Handicap.

If you hold a current handicap, please supply your CDH number

Membership category – please tick appropriate box

- | | |
|--|--|
| <input type="checkbox"/> Full Member (age 41 and over) | <input type="checkbox"/> Special Offer Member |
| <input type="checkbox"/> Intermediate Member (age 18-40) | <input type="checkbox"/> Country Member |
| <input type="checkbox"/> Student Member | <input type="checkbox"/> Junior Member (under18) |

Entrance Fee :

Subscription :

Persons applying for membership (other than Junior, Social or Special Offer) must include a *deposit of £50 with their application. The deposit will be deducted from the entrance fee or annual subscription when membership is offered. If the application for membership is withdrawn before an offer of membership is made or if the offer of membership is declined then the deposit is lost.

*Payment may be made direct to the Club's account : Account No. 35002473, Sort Code 05-05-30

We use the information above to allow us to fulfil our contractual obligations to you as a member in accordance with the Club's Rules. We share this information with our external and internal Data Processors who adhere to our Privacy Policy.

You have the right to request a copy of the information we hold about you. If you would like a copy of this information please email us at secretary@benrhydding.plus.com or write to the Data Controller at the Club. We also wish to ensure that your personal information is accurate and up to date so that you may ask us to correct or erase information that is inaccurate.

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

We want you to enjoy your golf and the facilities provided in the clubhouse. Members help by volunteering their services in a number of ways thus enabling us to keep our costs at a modest level. We hope you may be able to contribute. A number of options are listed below. If you are able to help or simply want more information then **please tick the relevant boxes and a club official will contact you.**

Course Work : Maintenance : Bar & Social Activities : Marketing/Development

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