|  |
| --- |
| **Golf Club Use Only** |
|  | Form Received | / / |
|   |  | Deposit Received | / / |
|  |  | Payment of £ | / / |
| M’Ship No: | Swipecard: | Processed | / / |



KINTORE

GOLF CLUB

 **APPLICATION FOR PLAYING MEMBERSHIP**

**I wish to apply for membership of Kintore Golf Club.**

Name (Mr/Mrs/Miss/Ms)…………………………………………………………………................................... Address:………………………………………………………….......................................................................

……………………………………………………………………….............Post Code..........................................

E-mail address:………………………........................................…….Date of Birth: \_ \_ /\_ \_ /\_ \_ \_ \_ Tel No:…………….….……………….. Mobile No:……………..…………………..........Current Age:

|  |
| --- |
| **Please tick appropriate box: Playing Membership** |
| Adult | Senior | Young Adult(18-25) | Youth/Junior/Juvenile | Other |
|  |  |  |  |  |

|  |
| --- |
| Previous/Current Club (if appropriate)……………………………………………………………………….………….............. Previous/Current Handicap (if applicable).…………………When valid?…………………………..………................Unique CDH Number (if applicable): |
|  |  |  |  |  |  |  |  |  |  |  |  |

Introduced by (if applicable):

Member Name…………………………………………………………..…..Membership No ………………….…..…………….. Address…………………………………………………………………………………………………………..……………………….………... If accepted, I agree to abide by the Rules of Golf: Signature:………………………………………………………….….Date:…………………………………………………..…………….….

I agree to Kintore Golf Club using my information for purposes of running my membership YES/NO

I agree to Kintore Golf Club using my information to send me marketing material pertaining to the club YES/NO

Kintore Golf Club will not share any of your information with a 3rd party, except in the instance of running your golf membership (SGU, BRS, Clubsystems).