KINTORE GOLF CLUB APPLICATION FORM

SOCIAL MEMBERSHIP

Return to:

Club Manager Date:

Kintore Golf Club Kintore

AB51 0UR

FULL NAME (1):

FULL NAME (2):

ADDRESS:

 POSTCODE:

TEL NUMBER:

OCCUPATION: DATE OF BIRTH:

E-MAIL:

TEL NUMBER:

OCCUPATION:

DATE OF BIRTH:

E-MAIL:

I/we wish to become non-playing member(s) of Kintore Golf Club and make application subject to the terms and conditions of the Constitution and Rules of the Club.

£10 per person

£15 per household

SIGNATURE:

SIGNATURE:

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 membership (Clubsystems).