APPLICATION FOR MEMBERSHIP

Category:

FULL ☐ **Family** ☐ **Lady Beginner** ☐ **Distance** ☐ **International** ☐

35 and Under ☐ **Student under 25** ☐ **Juvenile *** ☐ **House** ☐

Subscription paid in full: € ☐ **Deposit paid:** € ☐

NAME: _____

Previous / Current Club: _____ **Existing CDH no.** ☐

Please Print:

Proposed by: _____ **Seconded by:**_____

Signature of Proposer: _____ **Date:** _____

Signature of Seconder:_____ **Date:** _____

(Please note only Full members can Propose or Second a Membership Application)

Received by:_____

Date of Council Meeting:_____ **Approved: Yes** ☐ **/ No** ☐

****

Address: _____

Post Code ☐ **Country** _____

Mobile Number: _____ **Email** _____

- **Parent email required for Juvenile Application:** _____

Date of Birth: _____ **:**

Emergency Contact: Name _____**: Tel./Mobile** _____

NB: Application will not be accepted unless all of above information is provided:

Application will not be brought to Council until deposit €200 **(non-returnable) is paid.**

This will be deducted from the Subscription amount required after a successful application .

We use the information above to allow us to fulfil our contractual obligations to you as a member in accordance with our club's articles/rules/constitution. We process this information in accordance with our privacy policy (available to view on our website and at the office). We would also like to be able to correspond with you regarding our club's activities and in order for us to carry out this processing we require you to positively opt in by completing the boxes below.

'I am happy for you to communicate with me regarding additional club activities via the following means'

Please fill in the information and tick the relevant box(es).

Post: ☐

Address as above: ☐

Email: _____ ☐

Telephone _____ ☐

Mobile _____ ☐

We may also wish to share your information with the professional so that they may send you information about their products and services by email. If you agree to your information being shared in this way please tick the box. ☐

Our club's Privacy Policy is available to view on our website or in the office. If you need any further information please write to the Data Controller: Club Secretary, at Greencastle Golf Club 11 Ballyboes Greencastle Ireland, email : info@greencastlegolfclub.com

'I understand that should my membership application be successful I will be bound by the club's articles/rules/constitution' I understand that should my membership application be successful, and I opt to be allocated a WHS handicap index, my golf scores and handicap index will be made available to other members of this golf club via MyGolf, Golf Ireland App and other technology platforms for the purpose of Peer Review such as ClubV1 and HowdidIdo apps. I understand that as a condition of holding a handicap index, the World Handicap System requires that my scoring record be made available for viewing by fellow club members of this golf club. Rules of Handicapping state that "By returning a score for the purpose of obtaining or maintaining a Handicap Index, the player acknowledges that the use of their scoring record will be available for: 1. Peer review purposes (See Rule 4.4), 2. Issuance of a Handicap Index, and 3. Administration and research purposes". Interpretation 4.4/1 of the Rules of Handicapping states that "To facilitate the process of peer review, player scoring records must be accessible to all other members of the golf club." 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. If you agree to us retaining your personal data for this purpose and in line with our constitution that the form will be displayed for two weeks on our Notice board prior to approval,please tick the box, . ☐

I confirm I am over the age of 18 and have read, understood and agree with the way my data will be used by Greencastle Golf Club Tick Box ☐ If under the age of 18 a parent or guardian must sign this form on your behalf Signature:

(Applicant / Guardian) Delete as appropriate _____ Date: _____