



ALDERLEY EDGE GOLF CLUB MEMBERSHIP APPLICATION FORM

TITLE FIRST NAME (S) SURNAME

ADDRESS

..... Postcode

DATE OF BIRTH

Email Address

Mobile Home

Name of contact and telephone number in the event of an emergency:

Name of Parent or Guardian

Telephone Number

Email address

Junior 8 – 17 age group ☐

ARE YOU CURRENTLY A MEMBER OF A GOLF CLUB YES/NO

Name of Club WHS Index..... CDH No.

DATE PROTECTION INFORMATION:

The information you provide in this form will be used solely for dealing with you as a Member of AEGC.

The club has a Data privacy Policy which can be found at www.aegc.co.uk. Your data will be stored and used in accordance with this Policy.

I agree on acceptance to abide by the Memorandum and the Articles of Association of AEGC Ltd: **Yes/No**

I wish to receive emails from AEGC and CLS Golf Ltd/Cheshire Golf Studio: **Yes/No**

I agree to return the completed compliance forms to the Office prior to the child named above accessing the course;

Signed Parent/Guardian

Date of Application

There is currently no joining fee and new Members can join at any time of the year.

Office Use:

Date subscription processed Method of payment

Swipe Card Number Welcome Pack issued

Welcome email sent

June 2022 (GDPR Version)