



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 **Handicap** **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

May 2018 (GDPR Version)