



ALDERLEY EDGE GOLF CLUB MEMBERSHIP APPLICATION FORM

TITLE **FIRST NAME** **SURNAME**

ADDRESS

..... **Postcode**

DATE OF BIRTH

Email Address

Mobile **Home**

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

Name **Number**

Please select your Membership Category. Current subscription rates can be found at www.aegc.co.uk or on application to the Office or Club Professional; these incorporate applicable Affiliation Fees.

7-day	<input type="checkbox"/>	Flexi-membership	100 points	<input type="checkbox"/>	
Intermediate	24-35 years old	<input type="checkbox"/>	Introductory	6-month package	<input type="checkbox"/>
Youth	19-23 years old	<input type="checkbox"/>	Country	Restrictions apply	<input type="checkbox"/>
Junior	18 years old & under	<input type="checkbox"/>	Social		<input type="checkbox"/>

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

Name of Club WHS Index CDH No.

DATA 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 & Articles of Association of AEGC Ltd, and associated Club Rules & By-laws: **Yes/No**

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

I agree to my contact details being available to other AEGC members within the 'Members Area' of the AEGC Website for the purposes of competitions and the general running of the AEGC Sections. **Yes/No**

Signed **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