



BONDHAY GOLF CLUB

ADULT MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Title: Forename(s)
Surname: Date Of Birth: DD / MM / YYYY
Telephone: Mobile Num:
E-mail:
Address:
Town/City: Postcode:

MEMBERSHIP

I wish to apply for Membership Type: 7 DAY, 5 DAY, OAP etc.
I wish my membership to commence on
1st of MONTH YYYY

DATA PROTECTION

Bondhay Golf Club is committed to protecting the privacy and confidentiality of its members. All members who provide an email address may be sent our newsletter and other promotional material relating to the Club. We do not sell or pass on these addresses to other organisations.

If you do not wish us to contact you via e-mail for Club news and promotional purposes tick the box.

DECLARATION

- I consent to Bondhay Golf Club photographing or videoing my involvement in Golf according to the Club's Photographic and Media Imagery Policy.
- I agree to abide by Bondhay Golf Club's Constitution (Rules & Bye Laws) and the terms and conditions of my membership available on request.
- I understand that if I resign or am expelled from membership during my subscription year I shall be liable for the total subscription due for that year

Signature: Date: DD / MM / YYYY

PLEASE RETURN TO: Membership Applications, Bondhay Golf Club, Bondhay Lane, Whitwell Common, Worksop, Nottinghamshire, S80 3EH.

In order to allocate a handicap could you fill in the following details with regard to your previous golfing experience.

Lifetime CDH Noif known

Previous Golf Clubs

1.
2.

Golf Societies

1.
2.