

Eaton Golf Club

great golf... great people

Application for Club Membership

PERSONAL DETAILS:

FIRST NAME:	SURNAME:
ADDRESS (PLEASE INCLUDE POST CODE):	TELEPHONE (HOME):
	TELEPHONE (BUSINESS):
	TELEPHONE (MOBILE):
	EMAIL ADDRESS:

DATE OF BIRTH:	PRESENT CLUB:	CDH No:	HANDICAP:
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MEMBERSHIP REQUIRED: FULL: INTERMEDIATE: STUDENT: JUNIOR (UNDER 18): COUNTRY (50 MILES):

PROPOSER'S NAME: (PLEASE SEE OVER)	SIGNATURE:
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I HAVE BEEN PERSONALLY ACQUAINTED WITH THE APPLICANT FOR: YEARS

SECONDER'S NAME:	SIGNATURE:
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I HAVE BEEN PERSONALLY ACQUAINTED WITH THE APPLICANT FOR: YEARS

PROPOSER & SECONDER SHOULD HAVE BEEN MEMBERS OF THE CLUB FOR AT LEAST ONE YEAR AND SHOULD HELP THE APPLICANT DURING HIS/HER INTRODUCTION TO THE CLUB.

THE PROPOSER TO COMPLETE:

ANY INFORMATION WHICH YOU CONSIDER MIGHT BE OF USE TO THE COMMITTEE IN DETERMINING ELIGIBILITY FOR MEMBERSHIP. (E.G. SUITABILITY AS A MEMBER, GOLFING ABILITY, ETC.)

THE APPLICANT TO COMPLETE:

ANY INFORMATION WHICH YOU CONSIDER MIGHT BE OF USE TO THE COMMITTEE IN DETERMINING ELIGIBILITY FOR MEMBERSHIP. (E.G. GOLFING HISTORY)



EATON GOLF CLUB (NORWICH) PRIVACY POLICY

THE PERSONAL DATA THAT WE HOLD ON YOU MAY INCLUDE: YOUR NAME; ADDRESS; CONTACT NUMBERS; EMAIL ADDRESS; GENDER; HANDICAP DETAILS; AND, BANK DETAILS (WHERE APPROPRIATE. E.G. DIRECT DEBIT PAYMENTS)

WE USE THIS INFORMATION TO ALLOW US TO FULFIL OUR CONTRACTUAL OBLIGATIONS TO YOU AS A MEMBER IN ACCORDANCE WITH OUR CLUB'S ARTICLES OF ASSOCIATION AND ASSOCIATED RULES. WE SHARE THIS INFORMATION WITH OUR EXTERNAL AND INTERNAL DATA PROCESSORS WHO ADHERE TO OUR PRIVACY POLICY.

YOU HAVE THE RIGHT TO REQUEST A COPY OF THE INFORMATION WE HOLD ABOUT YOU. IF YOU WOULD LIKE A COPY OF THIS INFORMATION PLEASE EMAIL US ON peter@eatongc.co.uk OR WRITE TO PETER JOHNS (THE DATA CONTROLLER) AT EATON GOLF CLUB (NORWICH) LIMITED, NEWMARKET ROAD, EATON, NORWICH, NR4 6SF.

WE ALSO WANT TO MAKE SURE THAT YOUR PERSONAL INFORMATION IS ACCURATE AND UP TO DATE SO YOU MAY ASK US TO CORRECT OR ERASE INFORMATION THAT YOU THINK IS INACCURATE.

WE WOULD ALSO LIKE TO BE ABLE TO CORRESPOND WITH YOU REGARDING OUR CLUB'S ACTIVITIES AND IN ORDER FOR US TO CARRY THIS OUT WE REQUIRE YOU TO POSITIVELY OPT IN BY COMPLETING THE BOXES BELOW.

'I AM HAPPY FOR YOU TO COMMUNICATE WITH ME VIA THE FOLLOWING MEANS' PLEASE TICK THE RELEVANT BOX(ES).

POST: EMAIL: TELEPHONE: MOBILE:

WE MAY ALSO WISH TO SHARE YOUR PERSONAL DATA WITH THE EATON GOLF CLUB PROFESSIONAL SO THAT THEY MAY SEND YOU INFORMATION ABOUT THEIR PRODUCTS AND SERVICES BY EMAIL. IF YOU AGREE WITH YOUR PERSONAL DATA BEING SHARED IN THIS WAY PLEASE TICK THE BOX.

A FULL COPY OF OUR PRIVACY POLICY CAN BE FOUND ONLINE AT www.eatongc.co.uk OR ON OUR MEMBER'S NOTICE BOARD.

IF YOU NEED ANY FURTHER INFORMATION PLEASE WRITE TO PETER JOHNS (THE DATA CONTROLLER) AT EATON GOLF CLUB (NORWICH) LIMITED, NEWMARKET ROAD, EATON, NORWICH, NR4 6SF.

DECLARATION:

IN SIGNING THIS APPLICATION FORM I CONFIRM I AM OVER THE AGE OF 16 (IF UNDER THE AGE OF 16 A PARENT OR GUARDIAN MUST SIGN THIS FORM ON YOUR BEHALF) AND HAVE READ AND UNDERSTOOD EATON GOLF CLUB (NORWICH) PRIVACY POLICY (ABOVE) AND AGREE WITH THE WAY MY DATA WILL BE USED BY EATON GOLF CLUB (NORWICH) LIMITED. I UNDERTAKE TO COMPLY FULLY WITH THE CLUB RULES AND IF THE COMPANY IS DISSOLVED WHILE I AM A MEMBER, OR WITHIN TWELVE MONTHS AFTER CEASING TO BE A MEMBER, TO CONTRIBUTE SUCH SUM (NOT EXCEEDING £1) AS MAY BE DEMANDED OF MYSELF TOWARDS THE PAYMENT OF THE DEBTS AND LIABILITIES OF THE COMPANY INCURRED BEFORE I CEASED TO BE A MEMBER, AND OF THE COSTS CHARGES AND EXPENSES OF WINDING UP, AND THE ADJUSTMENT OF THE RIGHTS OF THE CONTRIBUTORIES AMONG THEMSELVES.

SIGNATURE OF APPLICANT / GUARDIAN: *(Delete as appropriate)*

DATE OF APPLICATION:

FOR OFFICE USE ONLY:

DATE OF APPLICATION:

NOTICEBOARD: MEMBERSHIP LIST: MAILCHIMP: B R S: N + C: COPY OF RULES:

GDPR: SWIPE CARD No: PAID: (CASH, CHEQUE, CREDIT CARD, DIRECT DEBIT)

ACCEPTED:

REFUSED:

