



MEMBERSHIP APPLICATION

Name:		
Date of birth:	Category:	Contact No.
Current address:		
E-mail:		Post Code:
Payment method: Cash/Card/Direct Finance	Amount paid:	
EMPLOYMENT INFORMATION		
Current Employer or Business Name: Occupation:		
EMERGENCY CONTACT		
Name of a relative/ Next of kin:		
Contact Details:		
Relationship:		
PARENT OR GUARDIAN (FOR JUNIOR MEMBER)		
Name:		
Parental Consent Form: Yes / No	Transport Form: Yes / No	Photography Form: Yes / No
HOW DID YOU BECOME AWARE OF THE CLUB		
Introduced or encouraged to join by Professional or Professional Staff: Yes / No		
Introduced or encouraged by member (please name):		
Open Day or Club Promotional (please state):		
Other (Please state)		
PREVIOUS GOLF CLUB MEMBER		
Name of Club or society (dates if known and handicap):		
Name of Club or society (dates if known and handicap):		
PPGC COMPLIES WITH THE GENERAL DATA PROTECTION REGULATIONS. AS A MEMBER YOUR INFORMATION WILL NOT BE SHARED WITH ANY THIRD PARTY, OTHER THAN THE PROFESSIONAL AND ENGLAND GOLF (AND THEN ONLY RELEVANT REQUIRED INFORMATION). PLEASE READ THE CLUB'S PRIVACY POLICY WHICH IS AVAILABLE FOR VIEWING ON THE WEB SITE (WWW.POULTONPARKGOLFCLUB.CO.UK)		
SIGNATURES		
I authorise the verification of the information provided on this form. By signing this form, the applicant also agrees to abide by the club's terms and conditions, a copy of which is available on request.		
Signature of applicant:		Date:
Signature of Parent (<i>if junior member</i>):		Date:
For Office Use Only		
Date Form returned:	Membership Category:	
Payment Received (£): Date:	Direct finance form received (£): Date	