



Fakenham Golf Club – Membership Application Form

Category: _____

Name in full: _____

Address: _____

Date of Birth: _____

Do you hold a current handicap? Yes / No

If Yes. please provide your CDH Number: _____

If No. Have you ever held a handicap Yes / No

If Yes. What was it and when was it held _____

If a member of another Club(s), “**HOME CLUB**” MUST be selected and stated here

Emergency Contact _____

Contact number _____

Office use only

Date _____

Direct Debit: Yes/No _____

Total Payment _____

Application No _____

We would also like to be able to correspond with you regarding our club activities including events and competitions by way of post, telephone, email or SMS.

'I am happy for you to communicate with me regarding additional club activities via the following means' Please fill in the information and **tick** the relevant box(es).

Post: *Address as above*

Email _____

Telephone _____

Mobile: _____

We may also wish to share your information with the Club Professional to send you information about t products and services by email. If you agree to your information being shared in this way please tick the box.

I understand that should my membership application be successful I will be bound by the club's articles/byelaws

I confirm I am over the age of 16 and have read, understood and agree with the way my data will be used by Fakenham Golf Club- If under the age of 16 a parent or guardian must sign this form on your behalf

Signature: **(Applicant / Guardian) Delete as appropriate**

Date:

Print Name: _____