



MANOR GOLF CLUB KINGSTONE



MEMBERSHIP APPLICATION FORM

Surname: _____ Mr/Mrs/Miss

First Name/Names: _____

Home Address: _____

Postcode: _____ Telephone Number: _____

Date Of Birth: _____ Occupation: _____

Email: _____

Previous Golf Club Membership: _____

Exact Handicap (If Any): _____ Lifetime ID: _____

MEMBERSHIP REQUIRED (Please Indicate)

7 Day Membership _____ 5 Day Membership _____

Joint Husband/Wife _____ Junior _____

Intermediate _____ Social _____

Your consent to receive information regarding your membership, course updates and social events at The Manor Golf Club **Please Tick**

Your consent for The Manor Golf Club to pass your information onto England Golf and Foremost Golf to receive information and offers **Please Tick**

PRIVACY NOTICE:

- Your information will be removed from our database at the end of your membership.
- You have the right to view the data we store about you at any time please contact our dedicated Data Protection Officer Sarah Corbishley for this information.
- If you wish to complain please speak to Sarah Corbishley (Data Protection Officer) or please contact The Information Commissioner's Office.

OFFICE USE ONLY:

FULL/MONTHLY FULL PRICE INSTALLMENTS:.....

MEMBERSHIP NO: DATE:.....

TYPE OF MEMBERSHIP:.....

**THE MANOR GOLF CLUB, LEESE HILL, KINGSTONE, ST14 8QT
01889 563234**