



SALTFORD GOLF CLUB

GOLF CLUB LANE, SALTFORD, BRISTOL, BS31 3AA
Telephone: 01225 873513, **Email:** office@saltfordgolfclub.co.uk

MEMBERSHIP APPLICATION

I hereby apply to become a member of Saltford Golf Club and abide by the Rules of the club.

(PLEASE PRINT DETAILS IN BLOCK CAPITALS)

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

_____ **POST CODE:** _____

TEL. NO: _____ **DAY TIME NO:** _____

EMAIL: _____

PLEASE SELECT MEMBERSHIP TYPE:

FULL MEMBER / OFF PEAK / SOCIAL / DRIVING RANGE

NAME OF PREVIOUS CLUB *(if applicable)* _____

CURRENT HANDICAP: _____ **CDH NUMBER:** _____

Please print either YES or NO to each statement:

I consent to receiving communications and marketing information from Saltford Golf Club.

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I consent to receiving third party marketing information from both Darren Read's Pro-Shop and Haywards Kitchen.

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By signing this document I agree that the information provided above is correct to the best of my knowledge and I consent to Saltford Golf Club holding this information for internal record keeping and not share it with any third parties without my consent.

SIGNED: _____ **DATE:** _____