



## **SALT FORD GOLF CLUB**

GOLF CLUB LANE, SALT FORD, 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.*

.....

*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:** \_\_\_\_\_