



# **ALTRINCHAM GOLF CLUB**

Application for Membership of the Club

Surname \_\_\_\_\_ (Please print all entries in ink)

Forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Tel: \_\_\_\_\_

Email Address \_\_\_\_\_

Profession \_\_\_\_\_ D.O.B. (U/18 only) \_\_\_\_\_

Previous Golfing Experience  
Club

Dates

Best H'cap

\_\_\_\_\_

\_\_\_\_\_

Society

\_\_\_\_\_

\_\_\_\_\_

APPLICANT:- I wish to become a member of the Altrincham Golf Club, and if elected, pledge myself to take no action or make any statements which may be detrimental to the interests or aims of the Golf Club and its members.

I will abide by the bye-laws of the Golf Club, give it my full support and observe the rules, etiquette and the traditions of the game of golf on and off the course. **I understand my name, address, telephone number and e-mail address will be kept on the club and club committee members' computers and in manual form, and I have no objection to them being so recorded, given out to other club members or used for contact by the committee or other club members. In line with current licensing laws, such details will also be kept in printed form in the club room and may be made available to external parties as and when required. My name and telephone number will be placed in the club diary which will be available to all members.**

SIGNATURE \_\_\_\_\_

\_\_\_\_\_

For Official Use:

