

FRESHWATER BAY GOLF CLUB
MEMBERSHIP APPLICATION FORM

Surname.....Forenames.....

Address.....

..... Post Code.....

Date of Birth Telephone..... Mobile

Email Address

Previous Club (If any)Handicap (If any)

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Category of Membership Required Full Country (Non-Isle of Wight Residents only)

Individual

Husband & Wife - Spouse's Name.....Date of Birth

Family - Names, Dates of Birth, Handicaps and Children's Schools on Reverse

Student - Up to age of 23 years of age - Place of Learning.....

Junior - Up to age of 18 years of age

Over 80

CASC - see Membership Enquiry Form

Social - Note 2 below does not apply

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If accepted as a member of the Club, I agree to:

1. Accept and abide by the Articles of Association and the Bye-Laws.
2. Subscribe to the Club's third party personal insurance cover (currently £3 per annum).
3. Contribute to the Club's assets if it is wound up whilst I am still a member, or within one year afterwards, such amount as may be required not exceeding £1.
4. The Club's recording of personal information required by the Data Protection Act 1998.

Signature of Applicant _____ Date _____

Please return the completed form to:

Secretary, Freshwater Bay Golf Club, Afton Down, Freshwater, Isle of Wight, PO40 9TZ

Email – secretary@freshwaterbaygolfclub.co.uk

Telephone: 01983 752955