



CASTLETROY GOLF CLUB - MEMBERSHIP APPLICATION

PLEASE COMPLETE IN BLOCK CAPITALS

APPLICANT NAME:

GENDER:

DATE OF BIRTH:

HOME ADDRESS:

HOME TELEPHONE:

MOBILE:

EMAIL ADDRESS:

EMERGENCY CONTACT:

EMERGENCY CONTACT NO:

MEMBERSHIP OF OTHER CLUBS

CLUB NAME:

MEMBERSHIP CATEGORY:

DATE OF MEMBERSHIP:

OFFICE HELD:

GOLF IRELAND NO:

HANDICAP INDEX:

HANDICAP HOME:

TRANSFER HANDICAP TO CASTLETROY: YES NO



PLEASE COMPLETE IN BLOCK CAPITALS

ANY OTHER INFORMATION RELEVANT TO YOUR APPLICATION:

[Four horizontal grey bars for providing additional information relevant to the application.]

I AM APPLYING FOR:

- FULL MEMBERSHIP
- INTERMEDIATE MEMBERSHIP
- YOUNG ADULT MEMBERSHIP
- COUNTRY MEMBERSHIP:
- PAVILLION MEMBERSHIP:
- OVERSEAS MEMBERSHIP:

Please note, your 'Proposer' & 'Seconder' must hold membership of the club for 3 years + and your application must be accompanied by a two letters of recommendation from both your proposer an Seconder, indicating your period of acquaintanceship and reasons for approval. Please note your application will not be accepted without these supporting documents.

PROPOSER (BLOCK CAPITALS):

SIGNATURE:

SECONDER (BLOCK CAPITALS):

SIGNATURE:

INTRODUCED BY:



USE OF YOUR PERSONAL INFORMATION

We use the above information above to allow us to fulfil our contractual obligations to you as a member in accordance with our club's articles/rules/constitution. We share this information with our external and internal Data Processors who adhere to our privacy policy.

We would also like to be able to communicate with you regarding our club's activities and in order for us to carry out this process, we require you to positively opt in by completing the boxes below.

I am happy for you to communicate with me regarding additional club activities via the following means:

EMAIL:

TELEPHONE:

MOBILE (Call/SMS/Text):

ADDRESS:

We may also wish to share your information with the Pro Shop so that they may send you information about their products and services by email. If you agree to your information being shared in this way, please tick the box.

I confirm that I am over the age of 18 and have read, understood and agree with the way my data will be used by Castletroy Golf Club.

SIGNATURE:

DATE: / /

DECLARATION

I UNDERSTAND THAT SHOULD MY MEMBERSHIP APPLICATION BE SUCCESSFUL, I WILL BE BOUND BY THE CLUB'S ARTICLES, RULES & CONSTITUTION.

NAME (BLOCK CAPITALS):

SIGNATURE OF APPLICANT:

DATE OF APPLICATION: / /

A copy of the club's 'Privacy Policy' is available on www.castletroygolfclub.ie, however, if you require further information, please write to the Data Controller via email golf@castletroygolfclub.ie or by post to Castletroy Golf Club, Golf Links Road, Castletroy, Co Limerick, V94 TW8H



SOCIETY EVENT FORM

ORGANISERS NAME:

ADDRESS:

MOBILE/TELEPHONE:

EMAIL ADDRESS:

POINT OF CONTACT ON THE DAY IF DIFFERENT FROM ABOVE:

We use the information above to allow us to fulfil our contractual obligations to you as a society organiser in administering an event. We share this information with our external and internal Data Processors who adhere to our privacy policy can be found online at www.castletroygolfclub.ie or on our noticeboard.

We would like to retain your data to enable us to send you information about future offers at the club available to societies. If you are happy for us to do this, please tick this box.

If you need further information, please write to us at: Castletroy Golf Club, Golf Links Road, Castletroy, Co Limerick, V94 TW8H.

I confirm I am over the age of 18 and have read, understood and agree with the way my data will be used by Castletroy Golf Club. *(If under the age of 18, a parent or guardian must sign this form on your behalf)*

SIGNATURE:

PRINT NAME:

DATE: