ST AUSTELL
GOLF CLUB

St Austell Golf Club
Membership Application Form

YOUR DETAILS

Full Name : _____ DOB : _____

Address : _____ Occupation : _____

Postcode : _____ Emergency Contact Details:-

Email : _____ Name : _____

Tel : _____ Relationship : _____

Mob : _____ Phone No. : _____

MEMBERSHIP CATEGORY (please tick)

FULL ☐	FLEXIBLE ☐	COUNTRY ☐	COUNTY ☐	OVER 90'S ☐
INTERMEDIATE	18-21 ☐	22-25 ☐	26-29 ☐	30-35 ☐
JUNIOR	HOME ☐	AWAY ☐	JUVENILE HOME ☐	AWAY ☐
SOCIAL MEMBERSHIP ☐			CORPORATE MEMBERSHIP ☐	

PREVIOUS CLUB(S)

Name of previous club(s) : _____

Handicap index (if held) : _____

CDH number : _____

Are you transferring your handicap to this club? Yes ☐ No ☐

TERMS AND CONDITIONS

TICK

I apply for membership of St Austell Golf Club and agree to abide by the Club's rules and constitution. ☐

Tick if you do not consent to St Austell Golf Club contacting you regarding club updates, competitions, and events ☐

I agree to my details being stored for club administration purposes in accordance with GDPR. ☐

Signed : _____ Date : _____

OFFICE USE ONLY

PAID ☐ WELCOME EMAIL SENT ☐ BAG TAG ☐

MEMBER CARD No : _____ B SHARE No: _____

Signed : _____ Date : _____