Kilrea Golf Club

Application for Membership

47a Lisnagrot Road
Kilrea
BT51 5SF
028 295 40044
kilreagolfclub@outlook.com
www.kilreagolfclub.com

You can enter your information using the text boxes below by clicking on them. Form must be printed off and signed by a Proposer and a Seconder then returned to the Honorary Secretary at Kilrea Golf Club.

Title Select Title **Forename/s** **Surname**

Address **Postcode**

Home Tele No.

Mobile No.

Email Address

Date Of Birth **Occupation**

Name of Previous Club (if any) **World Handicap Index (if any)**

I wish to apply to become a member of Kilrea Golf Club. The proposer and seconder, who are existing members of Kilrea Golf Club, are:

Proposer's Name **Signature**

Seconder's Name **Signature**

Category of Membership |Full Membership (23+) | Youth (18-22) | Juvenile(15-17) | Under 15 | House

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Should my application be accepted, I agree that my details are held for Club membership and affiliated membership of Golf Ireland. I also agree to be bound by the rules as laid down by the Council of Kilrea Golf Club, and I agree for my details to be held on computer.

SIGNATURE OF APPLICANT **Date**

Please note due to limited availability of slots on a Saturday morning, New members will not be allowed to play golf before 12 noon, for the first year of membership. NOTE - There is a joining fee of £150 for FULL membership this year.

No monies should be sent at this stage

PRIVACY NOTICE

In line with Privacy Regulations effective from May 25th 2018, we have to obtain your consent to holding and using your personal information. Please note that we will be unable to offer our usual service until such times as your have confirmed that you are willing to accept the terms.

Kilrea Golf Club takes your privacy seriously and will only use your personal information to administer your golfing life and to provide the services you have requested from us.

Your information will only be available to Club Officers, Council members, match Secretaries/Captains for the purposes of Club business and we will not share your information with any other organisation, unless required to do so for administration of golfing activities.

From time to time, we would like to contact you with details of competitions, matches and information about events and Club facilities. If you consent to us contacting you for these purposes, please tick below to say how you would like us to contact you.

Post ☐ Email ☐ Phone ☐ Text Message ☐

For Official Use Only

Date received: ...../...../.....

Date of consideration by Council:...../...../..... Determination: .....

Signature of Honorary Secretary: .....