



MEMBERSHIP APPLICATION FORM

To the Board of Directors of the THEODORE VASSILAKIS GOLF ASSOCIATION

(After signature, please send this application to info@tvgagolf.com)

I wish to apply to become a Regular Member of **THEODORE VASSILAKIS GOLF ASSOCIATION** and agree to be bound by the Memorandum and Articles of Association of the Club.

Name:.....**Surname:**.....

Date of

Birth:.....**Occupation:**.....

Address:.....

Telephone No:.....**Email:**.....

Signature.....**Date**.....

We the Regular Members of the THEODORE VASSILAKIS GOLF ASSOCIATION,
consider

Mr./Mrs.suitable for Membership of the Club.

1. Full Name.....Signature.....

2. Full Name.....Signature.....

Note: By signing this application, you consent to the use and process of your personal data exclusively by the Theodore Vasilakis Golf Association in accordance with the privacy policy we implement under the data protection legislation, GDPR (General Data Protection Regulation).