



# MEMBERSHIP APPLICATION

We'd like to keep you informed about events and opportunities at Kings Golf Club. We will NEVER sell your data and promise to keep your details safe and secure. By submitting this Application, you agree to the Club retaining your personal details.

PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS

PERSONAL DETAILS	
Surname:	Title: Mr / Mrs / Ms / Miss / Other:
Forename(s):	
Address:	
	Postcode:
Landline:	Mobile:
Email:	
Occupation:	DOB:

EMERGENCY CONTACT	
Full Name:	Title: Mr / Mrs / Ms / Miss / Other:
Relationship to you:	
Landline:	Mobile:
Email:	

MEMBERSHIP APPLICATION DETAILS		
Do you have a current Handicap?	YES / NO	Handicap:
IF YES, please state the Golf Club where your Handicap is held:		
		CDH No:
IF NO, have you previously held a Handicap?	YES / NO	Previous Handicap:
Would you like to be entered into our system to earn a Handicap?	YES / NO	
Please TICK which category you wish to make your Membership Application:		
ADULT <input type="checkbox"/>	CORPORATE <input type="checkbox"/>	5 DAY (Monday-Friday only) <input type="checkbox"/>
FORCES <input type="checkbox"/>	STUDENT (Full Time) (19-25yrs) <input type="checkbox"/>	YOUNG ADULT (19-25yrs) <input type="checkbox"/>
SOCIAL <input type="checkbox"/>	COUNTRY (Outwith a 50 mile radius from Kings Golf Club) <input type="checkbox"/>	

DECLARATION	
To the best of my knowledge the information supplied by me on this Application is true and correct. I agree to abide by the Rules and Constitution of Kings Golf Club Inverness.	
Signed:	Date:
I am happy for my personal details to be made available to other Club Members	YES / NO
I am happy to receive KINGS GOLF CLUB marketing/promotions/offers/events	YES / NO
I am happy to receive third party marketing/promotions/offers/events	YES / NO