MEMBERSHIP APPLICATION

MAPPERLEY
GOLF CLUB

Title | Full Name

Date of birth *(not required for Social members):*

Email address *(**BLOCK CAPITALS** please)*

Home phone number | Mobile phone number

0 1 | 0 7

Home address:

Post code:

Membership category:

Referring member:

Office use

Bar card:

GOLF DETAILS *(not required for Social members)*

Previous clubs, if any:

Level of playing experience:

Most recent handicap: Date: CDH No.

MARKETING PREFERENCES

As a playing member of MGC we will send you 'service' emails that are relevant to your membership, such as tee bookings & competition results. We also occasionally send 'marketing' emails about club functions & news and offers to members. Please indicate whether you wish to opt in or opt out of receiving these 'marketing' emails by ticking the appropriate box below.

I consent to receiving club 'marketing' emails (tick 'Yes' or 'No' ✓)

Yes ☐ **No** ☐

Please be advised that you can request not to receive 'marketing' emails at any time by contacting the Membership Team, or emailing: membership@mapperleygolfclub.org

I confirm that the above details are correct and that I agree to abide by the Rules and Terms & Conditions of Mapperley Golf Club.

Signed *(by applicant)* ……..… Date ……

Signed *(by parent, if applicant under 13 years of age)* ……