



## Westmanstown Golf Club - Application for Membership

Membership Category Required

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Second Name or Initial \_\_\_\_\_ Date of Birth

Address \_\_\_\_\_

Telephone Number

Mobile Number

Email address (please **PRINT** in full) \_\_\_\_\_  
(All Club communications will be sent using this email)

Occupation \_\_\_\_\_ If Garda, print your Reg. No. \_\_\_\_\_

Previous Club(s) \_\_\_\_\_

Reason(s) for lapsing \_\_\_\_\_

Handicap \_\_\_\_\_ GOLF IRELAND Member Card No.

If a transferee – State your Club \_\_\_\_\_ Existing Category \_\_\_\_\_

Membership category previously held \_\_\_\_\_ Date of Joining \_\_\_\_\_

Any further relevant information; \_\_\_\_\_

How did you hear about Westmanstown Golf Club? Please tick.

Word of Mouth  Road Signage  Newspaper Advert

Club Website  Other Website  Other Source

### **Data Protection Legislation**

It is necessary for Westmanstown Golf Club to collect and record certain personal data relating to each member, including the member's name, address, date of birth, telephone number, email address. The data provided by each member shall be provided to GOLF IRELAND and to other third parties to facilitate any services provided relating to GOLF IRELAND operating and maintaining the details of the handicap of members on the www.golfnet.ie system and for this purpose allocates each individual member of the Club a unique personal identifier number (Central Database Handicaps (CDH) Number). It is Westmanstown Golf Club that controls any data provided. The personal data will be

used for management and administration purposes only. Any party receiving the information shall not use it for commercial purposes or release it to any party without prior approval.

The Club wishes to ensure that each of its members, for the purposes of applicable data protection legislation, explicitly consents to the processing of personal data by the Club in conjunction with its day to day business.

I consent, by ticking the boxes and signing below, to the following; (Please tick as appropriate)

To the Club/GOLF IRELAND processing of my personal details as set out above and for such purposes as they consider reasonable and appropriate, including those activities detailed above.

To provide me with updates regarding Club activities such as competition, social events, promotions.

To provide me with details of Club fund raising activities including lotto and ticket sales.

I am aware that my photograph or video images may be taken whilst attending or participating in competitions or activities connected with the Club and I consent to them being used by the Club for items such as a year book, event reports or on the Club website / social media channels.

I understand that I can withdraw my consent at any time by writing to the Honorary Secretary of the Club. I understand my rights under Data Protection legislation as set out on Westmanstown Golf Club Data Privacy Notice at [www.westmanstowngolfclub.ie/privacy.html](http://www.westmanstowngolfclub.ie/privacy.html)

I acknowledge my right to request in writing a copy of any personal data about myself which is held and have amended any personal data which is incorrect, incomplete or misleading.

***If accepted as a member, I agree to observe all the rules and regulations of the Club for the duration of my membership.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name. \_\_\_\_\_

**Proposed by:**

**Seconded by:**

Name in *Block Capitals* \_\_\_\_\_

Name in *Block Capitals* \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Mobile No.

Mobile No.

***Proposer and Seconder MUST be Ordinary Members or Seven Day Members***

<p><i>For Official Use only:</i></p> <p>Member approved by Club Joint Committee on</p> <p>Date _____</p> <p>GOLF IRELAND Member Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><i>Notes</i></p>	Application Received	<input type="checkbox"/>
		Notice Board	<input type="checkbox"/>
		Interview	<input type="checkbox"/>
		Joint Committee	<input type="checkbox"/>
		Letter of Offer	<input type="checkbox"/>
		Acceptance	<input type="checkbox"/>
		Payment	<input type="checkbox"/>

# New Member Handicap Application Form

Applicant's Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Have you previously held a handicap in another golf club? YES   
NO

If "YES", please provide details of all golf clubs joined and handicaps held.

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Have you been a member of or are you presently a member of a golfing society? YES  NO

If "YES", please provide details below of societies and handicap(s) held

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Have you been a member of a pitch and putt club? YES  NO

Details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give us a brief history of your other sporting activities

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When restoring a handicap that has lapsed or awarding a handicap for the very first time the handicap committee must consider all the background information available to it and may allot a player an exact handicap lower/higher than that calculated by the software. After 3 cards have been returned the options available are:

- Re allot the players previous handicap at the revised exact number
- Re allot the players handicap at a different level taking into account all known information.

*Thank you for taking the time to fill in this form.*

<i>For Handicap Committee use only.</i>	
Handicap allocated	<input type="checkbox"/> Date _____
Signed: _____	
Handicap Secretary.	