



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 Gárda, print your Reg. No. _____

Previous Club(s) _____

Reason(s) for lapsing _____

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). Westmanstown Golf Club 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 yearbook, 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

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	
		Notice Board	
		Interview	
		Joint Committee	
		Letter of Offer	
		Acceptance	
		Payment	

New Member Handicap Form

Applicant Full Name: _____

Date of birth: _____

Existing Handicap Transfer Application

(Only complete section below if you are transferring handicap from another club)

Name of Existing Club: _____

Date of Joining: _____

Current Handicap: _____

Golfing Ireland Membership No: _____

Membership Category (e.g. Full, 5 day, Junior): _____

New Handicap Application

(Only complete section below if you are applying for new handicap)

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.

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

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

Details. _____

Give us a brief history of any other sporting activities e.g. GAA, Soccer, Rugby etc.

Return of Cards for Initial Handicap Allocation

It is the responsibility of the applicant to ensure that all cards submitted for handicap are clearly written, signed and dated. All cards should be placed in a sealed envelope addressed to the Handicap Secretary, and left in the pro shop.

When transferring an existing handicap, or awarding a handicap for the first time the handicap committee must consider all the background information available to it. The Handicap Committee may allocate a handicap higher or lower than that calculated by the Golfing Ireland software based on the initial cards submitted for handicap or adjust a handicap for members transferring from other clubs.

We appreciate your cooperation with this process. If you have any questions in relation to your handicap please contact the Mens Handicap Secretary menshandicap@westmanstowngolfclub.ie

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