



Allen park

Photograph 2 x 1" Photos
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MEMBERSHIP APPLICATION FORM	MEM.NO:
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PROOF OF BOROUGH RESIDENCY _____

Please tick the category of membership which you are applying for:

	Adult	Senior 60+	Student Under 22	Junior Under 18	Resident/ Ratepayer	Non-Borough Resident
Annual Membership						
Weekday Membership						
Registered Membership			N/A			
Driving Range						

PLEASE COMPLETE THE FOLLOWING SECTION IN BLOCK LETTERS

Name Mr/Mrs/Miss/Ms			
Address	_____ _____ _____		
Post Code		Date of Birth	/ /
Telephone No. (H)	Telephone No. (B)		
E-Mail:			
Please give details of any other Golf Club(s) of which you are currently or have been a member:			
Name of Club: _____			
Reason for leaving (if applicable): _____			

	Yes	No	Handicap	Where is/was your handicap held? (Name of Club)
Do you have a current handicap				
Did you ever have a handicap				

The information on this form is required by Antrim Borough Council for the purpose of processing your membership to Allen Park. Antrim Borough Council as part of its ongoing monitoring and promotion of services may write to, telephone you of upcoming developments, promotions and events. If you do not wish us to contact you for these purposes, please tick here . Personal data supplied on this form will be treated lawfully and fairly and in accordance with the Data Protection Act. Your signature to the form is deemed to be an authorisation by you to allow the Council to process and retain the information for the purpose(s) stated.

Signed: _____ Date: _____