



MEMBERSHIP APPLICATION FORM

To the Board of Directors
Of the Glyfada Golf Club of Athens

Member I.D.
Protocol No.

Dear Mr. President,

Iwish to apply to become a Regular Member of Glyfada Golf Club of Athens and I agree to be bound by the Memorandum and Articles of Association of the Club (copies available from the Secretary of the Club).

Full Name

Address Postcode

Telephone No. Home Mobile

Email address

Date of birth Occupation

Did one of our Members recommend Glyfada Golf Club of Athens to you? Yes No

If so, who was it?

About your golf:

Do you currently have a handicap? Yes No If yes, what is your handicap?

Previous golf clubs (if any)

Signature Date

We, the Regular Members of the Glyfada Golf Club of Athens, consider

Mr. / Mrs. suitable for Membership of the Club.

1. Full Name..... Signature Date.....

2. Full Name Signature..... Date.....

Please note: we seek your permission, by signature of this form, to use your personal data within the confines of Glyfada Golf Club of Athens. To reflect the newest changes in data protection law, GDPR (General Data Protection Regulation) we have updated our Privacy Policy. This application should be completed and returned to the Secretary of the Club.

We look forward to welcoming you to Glyfada Golf Club of Athens.