**MEMBERSHIP APPLICATION FORM**

The Board of Directors Protocol No…………………

of the Glyfada Golf Club of Athens

Dear Mr. President,

I wish to apply to become a Regular Member of Glyfada Golf Club of Athens and agree to be bound by the Memorandum and Articles of Association of the Club.

Name:……………………………………………….. Surname:……………………………………………………………………..

Date of Birth:………………………………………. Occupation:………………………………………………………………

Address:……………………………………………………………………………………………………………………………….

Telephone No:…………………………………….. Email:…………………………………………………………………..

* If you are recommended by a Member of our Club please fill name………………………………..

…………………………………………………………………………………………………………………………………………

* What is your handicap if you currently have one……………………..………….………………………….
* 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……………………………………………………….

2. Full Name…………………………………………..Signature……………………………………………………….

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.