

**YORKSHIRE VETERAN LADIES’ GOLF ASSOCIATION**

 **www.yvlga.org.uk**

**Membership Application**

***Handicap Index must be 35.0 or less & you must be at least 50 years old***

**NAME**…………………………………………………………………………………………………

**DATE OF BIRTH**…………………………**DATE OF APPLICATION**......................................

**ADDRESS**……………………………………………………………………………………………

………………………………………………………………………………………………………...

**TELEPHONE**………………………………… **MOBILE**…………………....................

**E-MAIL**…………………………………………………………………….………………………….

**EMERGENCY CONTACT DETAILS & RELATIONSHIP TO MEMBER**………………………………………

**CLUB**………………………………………………………………………………………………….

**HANDICAP INDEX**…………………………………………………………………………………

**CDH NO**.…………………………………………………

**CLUB REPRESENTATIVE**…………………………………………………………………………

Please hand this form to your Club Representative together with payment of £5.00

**Club Representatives:**

Please return this form to the Membership Registrar and pay the £5.00 directly into the YVLGA bank account, using your club name as the reference. Please email the treasurer (elaine.pearson246@icloud.com) to let her know payment has been made.

**Mrs Pat Sumner**

**YVLGA Membership Registrar**

**12 Yew Tree Drive**

**Woodlesford**

**Leeds LS26 8WQ**

**Email:** **patm.sumner@gmail.com**

**Tel: 0113 282 6599 or 07783 079145**

*The YVLGA GDPR Privacy Policy is available to read on our website or a paper copy can be obtained from the Hon. Sec. Submission of this form will constitute your acknowledgement & your consent to abide & be bound by the Privacy Policy.*