

Attach  
Passport  
Photo  
Here



Office Use:  
Joining Date: .....  
Bar Card no: .....  
Club Locker: .....  
Clothes Locker: .....

**APPLICATION FOR MEMBERSHIP**  
**PLEASE COMPLETE IN BLOCK CAPITALS**

Title: .....

Surname: .....

Forename: .....

Nationality: .....

Date of Birth: .....

Marital Status: .....

MSC Membership No: .....

Local Address: .....  
.....

Postcode: .....

Overseas Address (When Applicable): .....  
.....

Home Telephone: .....

Mobile: .....

E-mail address: .....

Occupation: .....

Employer/Industry .....

Sector: .....

**TYPE OF MEMBERSHIP REQUIRED:**

- Associate Membership
- Young Adult Membership
- Junior Membership
- Social Membership
- Other .....

Have you any relations with any members at the RMGC?

Yes: ..... No: .....

If yes, please state name and relationship:

.....

Have you been/are you a member of any other Golf or Sports Club?

Yes: ..... No: .....

If yes, please give brief details:

.....

Handicap (if any): .....

Issuing Club: .....

Have you ever been suspended or asked to resign from any other Club?

Yes: ..... No: .....

If yes, please give brief details:

.....

**PRIVACY STATEMENT**

I hereby give my consent to the Royal Malta Golf Club to process, retain on record and use my personal data, which is being given herewith for the purpose of the administration of the Membership register as a Member of the Club. This data will be kept up to official resignation by the member. This consent is given in compliance with the General Data Protection Regulation (GDPR) Regulation EU 2016/679. For more information you are requested to logon to our website: [www.royalmaltagolfclub.com](http://www.royalmaltagolfclub.com) to access the Club's Private policy.

***I agree to comply with the Statute and/or Rules and Byelaws of the RMGC.***

**MEMBERSHIP TERMINATION (RMGC STATUTE)**

4.1 Any member may resign membership by giving written notice to the Club Secretariat. Such a member shall be liable to pay the full subscription for the current year in which the resignation is received.

The Office will cancel the Membership Card at the end of his subscription year and any credit on the card will be refunded on request within 3 months from that date.

Signature: ..... Date: .....

(Parent/Guardian if applicant is under 18 years of age)

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**OFFICE USE ONLY:**

Date Received: ..... Interview Date: .....

Remarks: .....

Date accepted to Membership: ..... Filed by: .....

