## **Links Golf Club**

Cambridge Road Newmarket CB8 OTG

**Telephone:** 01638 663000

Email: secretary@linksgolfclub.co.uk
Website: www.linksgolfclub.co.uk



## **Application for Membership**

Title		Full Name	е												Know	n as					
Addre	ss																				
												Post 0	Code								
Email:														Da	te of B	irth		/	/		
Home	Tel								1	Membership Category Required					Ti	ck					
Mobile	e Tel								F	Full											
Occupa	ation								F	Full (26-28)											
												ı	Interm	edia	ate Wo	orking	(22-	25)			
												F	Full Tin	ne S	Studen	t (18-2	25)				
Preser	nt Club								J	Junior Working (18-21)											
Previo	us Club									J	Junior (Under 18)										
Preser	nt Handic	ар	ap						1	Academy											
Lowes	t Handica	ар										9	Social								
CDH IE	)									(	Countr	у									
Those without a Handicap History may be expected to obtain a Certificate of Proficiency from the Club Professional before becoming Members. All candidates will be required to attend an interview with the Club's interview panel.  Please tick to consent to add your details to the members' online directory  Please tick to consent to receive the Professional's weekly email newsletter																					
Signature of Candidate							Date		/		/										

## FOR OFFICE USE ONLY:

Date Received	/	/	
Date of Interview	/	/	
Member Number			

Payment Received	
Club V1	
H/C or Pro Approval	
Bag Tag and Literature	
Bar Card	
Parental Consent Form	
Entry Fee Spreadsheet	
Added to Website	
Transfer Handicap	
New Member Booklet	