



Lingdale Golf Club

Application for Membership

Full / Junior / Social* (delete as applicable)

Please submit your application to the Secretary

Name in Full _____ Date of Birth _____

Address _____

Telephone _____

Post Code _____

Mobile _____

E Mail* _____

Profession or Occupation _____

Employed By _____

Previous/Current Club _____

Handicap _____

Proposer* _____

Signature _____

Seconder* _____

Signature _____

Applicant Signature _____

Date _____

*If no members known, please supply the name and addresses of two referees.

Non golfers please note: Upon acceptance to the club, you will be required to take lessons before being permitted to play the course.

*We will acknowledge your application preferably by e mail – Please note, it is possible that we have a waiting list and it may take time to be able to offer you a place at the club.

For official use:

Notes:

Date Received: _____

On Notice Board _____ Interview Date _____

Off Notice Board _____ Interviewer: _____