



# Lincoln Golf Club

## Application for Membership

Membership Category Requested			
Full		Intermediate	
Flexible		Young Persons / Student	
Social		Practice	

Personal Details	
Full Name	
Date of Birth	
Home Address	
Postcode	
Email	
Mobile	
Home Telephone	
Occupation	
Business Telephone	

Golf Details <i>(Not required for Practice or Social Membership)</i>			
Current / Previous Golf Club			
Handicap Index		CDH no.	

How did you hear about the club? If it was from a current member, please supply their name.

**Declaration**

Signature		Date	
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The applicant hereby certifies that, should the application be successful, he/she agreed to be bound by the club rules in force from time to time.

For Office Use Only			
Date Joined			
Membership Number			
	Complete	Date	Notes
Invoice sent			
Invoice Paid			
Email to Captain			
Email Handicap Secretary			
Follow-up welcome			
Notes			