

Membership Form

To be completed in BLOCK CAPITALS and returned to Tower Links Golf Club.

TOWER LINKS GOLF CLUB
 P.O. Box 30888
 Ras Al Khaimah
 United Arab Emirates

TEL: + 971 227 8553
 FAX: + 971 227 8444
 email: golf@towerlinks.com
www.towerlinks.com



MEMBERSHIP NUMBER

MEMBERSHIP CATEGORY

<input type="checkbox"/> Corporate <input type="checkbox"/> Family <input type="checkbox"/> Single	<input type="checkbox"/> Gold <input type="checkbox"/> Family <input type="checkbox"/> Single	<input type="checkbox"/> Silver <input type="checkbox"/> Family <input type="checkbox"/> Single	<input type="checkbox"/> Gym/Social <input type="checkbox"/> Family <input type="checkbox"/> Single
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Family Name:

Forename(s):

Spouse's Forename(s):

Child 1 Forename(s):

Child 2 Forename(s):

Company:

Occupation/Title:

Nationality:

DOB (dd/mm/yyyy): / /

Mailing Address / P.O.Box Details:

Email address:

Telephone: Home Office

Mobile:

Golf Handicap (exact) Please attach certificate	I wish Tower Links to be my: (please tick as appropriate):	<input type="checkbox"/> Home Club <input type="checkbox"/> Away Club	(Specify Home Club below)
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Home Club (if not Tower Links):

I hereby apply for membership at Tower Links Golf Club. I agree to abide by the Club's Rules and Regulations as detailed.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY Membership Validity DATE OF JOINING: _____