



PORTMARNOCK

LINKS

SENIOR INTERMEDIATE (25-29YEARS)  
APPLICATION FORM

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ DOB \_\_\_\_\_  
EMAIL: \_\_\_\_\_

DETAILS IN SUPPORT OF YOUR APPLICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT:

\_\_\_\_\_  
SIGNATURE PRINT: \_\_\_\_\_

NAME OF HOME CLUB: (IF ANY)

\_\_\_\_\_  
CURRENT HANDICAP: \_\_\_\_\_ DATE: \_\_\_\_\_

ANNUAL SUBSCRIPTION €1,350

PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO PORTMARNOCK LINKS, MARKED FOR THE ATTENTION OF PAUL MCCANNY.

INCOMPLETE APPLICATION FORMS WILL NOT BE ACCEPTED. ACKNOWLEDGEMENT OF RECEIPT OF APPLICATIONS WILL BE EMAILED TO APPLICANTS.