TROON ST MEDDANS GOLF CLUB

APPLICATION FOR MEMBERSHIP

NAME (BLOCK CAPITALS**) :**
DATE OF BIRTH:
ADDRESS :

TELEPHONE NUMBER :

I wish to apply for membership of Troon St Meddans golf club and enclose my subscription fee of £50.
I agree to comply with the rules of the club and any which may be laid down by South Ayrshire council.

I have an official S.G.U. handicap of at golf club and enclose confirmation of this from the club secretary. *

I do not have an official S.G.U. handicap and will submit three scorecards (at least two of them from St Meddans competitions) for a handicap. *

If you have held an official S.G.U. handicap which has lapsed, please supply the following information.
Handicap; Year; Club;

I do / do not * wish to use Troon St Meddans as my home club.

Applicant : **Proposer :**

Signed : **Signed :**

Date: **Date :**

This application is subject to the approval of the committee.

Please return this form to THE HANDICAP CONVENOR, TROON ST.MEDDANS GOLF CLUB,12 BURNFOOT AVENUE,TROON,KA10 6RF 01292 311570.