



APPLICATION FOR MEMBERSHIP

I wish to apply for membership to Troon St. Meddans Golf Club, and agree to comply with the rules of the club and any which may be laid down by South Ayrshire council.

NAME: _____

Address: _____

Postcode: _____

Home Phone Number: _____

Mobile Phone Number: _____

Date of Birth: _____

Email Address: _____

C.D.H. Number: _____

I have an official SGU handicap of _____ at _____ Golf Club and enclose confirmation of this from the club secretary.

I do not have an official SGU handicap and will submit three scorecards (at least two of these must be from a TSM competition and at least one score from Lochgreen and Darley) for my handicap.

If you have held an official SGU handicap which has lapsed please supply the following:

Handicap _____ Year _____ Club _____

I do / do not wish Troon St Meddans to be my Home Club (please select)

By ticking this box I DO NOT WISH to receive future AGM notices and any club information via email/ website, I still require the club to post any documents to my home address above.

Applicant: _____ Proposed: _____

Signed: _____ Signed: _____

Date: ____ / ____ / ____

Date: ____ / ____ / ____

For any queries regarding membership, please email secretary@troonstmeddangolfclub.com

I would like to be considered for the following teams to representing Troon St Meddans Golf Club

Scratch Team (hcp 6 and below)

Handicap Team (various Team events with mixed criteria)

Seniors Team Matches (age 55 and over)

This application is subject to approval of the committee, and must be filled out in full to be considered. Please return by post to Handicap Secretary, Troon St. Meddans Golf Club, Harling Drive, Troon. Or in the competition slot next to the computer screen in the club room.