



## 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 the 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](mailto: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 Secretary, Troon St. Meddans Golf Club, Harling Drive, Troon. Or in the competition slot next to the computer screen in the club room.