



KILMARNOCK (Barassie) GOLF CLUB
APPLICATION FOR CATEGORY 1, 3 or T2 MEMBERSHIP
 (Please complete this form in block letters)

CATEGORY OF MEMBERSHIP (1, 3, or T2 please specify):

Full Name:

Address:

.....

Post Code:..... e-mail:

You will receive Newsletters & emails from the Club from time to time unless you choose to opt-out

Telephone No: (Home)..... (Business).....

Mobile:

Date of Birth:..... Age:.....

Profession or Occupation:

Name of Firm/Company:.....

Position Held:

Are you the Son/Daughter of a member?

Names of previous Golf Clubs of which the applicant has been a member:

Have you ever been refused membership of a Club?

Golfing Experience.....

Do you hold a CONGU Handicap? If yes please state:.....

If so, please provide your CDH number & whether you wish KBGC to be your HOME club for handicapping - **CDH**.....

HOME Club at KBGC Y/ N (please delete)

Please state why you wish to join Kilmarnock (Barassie).....

.....

Who will propose your application?.....

Who will second your application?

(Please see over for details concerning the proposer and seconder)

Signed:..... Date:

PLEASE STATE ON THE REVERSE, MEMBERS OF THE GOLF CLUB TO WHOM YOU ARE KNOWN.

APPLICATION FOR CATEGORY 1, 3 or T2 MEMBERSHIP

NAMES OF MEMBERS OF KILMARNOCK (Barassie) GOLF CLUB TO WHOM I AM KNOWN

.....
.....
.....
.....
.....
.....
.....
.....
.....

PROPOSER

Name: Signed:

Date:

Please state your relationship to the applicant:.....

How long have you known the applicant?.....

SECONDER

Name: Signed:

Date:

Please state your relationship to the applicant:.....

How long have you known the applicant?.....

PLEASE RETURN THIS FORM TO:
The General Manager
Kilmarnock (Barassie) Golf Club
29 Hillhouse Road
Barassie
Troon, KA10 6SY