



KILMARNOCK (Barassie) GOLF CLUB

APPLICATION FOR INTERMEDIATE MEMBERSHIP (18 – 29 Years)

(Please complete this form in block letters)

CATEGORIES OF INTERMEDIATE MEMBERSHIP: 18-21, 22-24, 25-27, 28-29 (please circle)

Full Name:

Address:

.....

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

Telephone No: (Home)..... (Mobile)

Nationality:

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:
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Golfing Experience.....

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

If yes, please provide your CDH Number:.....

Do you wish KBGC to be your Home Club for Handicap purposes? Y/N

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

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Who will propose your application?.....

Who will second your application?

Signed:..... Date:

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

APPLICATION FOR INTERMEDIATE MEMBERSHIP

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

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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