



KILMARNOCK (Barassie) GOLF CLUB
APPLICATION FOR CATEGORY 1, 3 or 4 MEMBERSHIP
(Please complete this form in block letters)

CATEGORY OF MEMBERSHIP (1, 3 or 4 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:

Name(s) of Current Golf Club and previous Golf Clubs of which the applicant has been a member:

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Golfing Experience.....

Do you hold a WHS Handicap Index? 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).....

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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 4 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