



## MEMBERSHIP APPLICATION FORM

FULL NAME

FULL ADDRESS

  

Post Code

HOME PHONE No

MOBILE PHONE No

Your phone number will appear on the club website and on the clubroom noticeboard so that other members can contact you to arrange match play ties etc. Please tick the appropriate box to indicate your preferred phone number. Only club members can access your details online.

DATE OF BIRTH

E-MAIL ADDRESS

ARE YOU A MEMBER OF ANY OTHER GOLF CLUB?

YES/NO

DO YOU HAVE A CURRENT HANDICAP?

YES/NO

IF YES PLEASE GIVE DETAILS AND ATTACH HANDICAP CERTIFICATE

HAVE YOU PREVIOUSLY BEEN A MEMBER OF ANY OTHER GOLF CLUB?

YES/NO

DID YOU HAVE A PREVIOUS HANDICAP?

YES/NO

IF YES, PLEASE GIVE DETAILS OF CLUB AND HANDICAP

APPLICANT'S SIGNATURE

DATE

I wish to apply for membership of Ayr Seafield Golf Club. If accepted as a member of Ayr Seafield Golf Club, I agree to abide by the Club Rules and Management Committee decisions. I will pay my initial joining fee of £15.00 together with the applicable annual fees within 14 days of being accepted as a member.

### **Nomination for membership by existing members:**

We, the undersigned members, wish to nominate the above named person for membership of Ayr Seafield Golf Club. In doing so we consider the applicant to be of good character and know of no reason why he should not be accepted as a member.

**PROPOSED BY**

(Sign and print)

**SECONDED BY**

(Sign and print)

Please return this application form to:

The Membership Secretary, Ayr Seafield Golf Club, 66 Langcroft Ave, Prestwick KA9 2LY

☎ 01292 470112

✉ [membersec@ayrseafieldgolfclub.co.uk](mailto:membersec@ayrseafieldgolfclub.co.uk)

🌐 [www.ayrseafieldgolfclub.co.uk](http://www.ayrseafieldgolfclub.co.uk)