



Harling Drive
Troon
KA10 6NF
Tel: 01292 319844
VAT Reg # 264 9312 48

Troon Welbeck Golf Club Membership Application

Mr/Mrs/Miss/Ms: _____

Forename(s): _____

Surname: _____

Home Address: _____

Postcode: _____

Date of Birth: _____

Telephone Number: _____

Mobile Number: _____

E-mail Address: _____

Previous Club: _____

CDH Number: _____ *If known*

S.G.U. Handicap: _____ *Please enclose certificate*

Season Ticket Number: _____

I hereby apply for membership of Troon Welbeck Golf Club and undertake to abide by the obligations and duties as laid down in the Club Constitution

Date: _____

Signed: _____



Note to Applicants

In the event that you do not know any current member of the Club to support your application, please do not hesitate to submit the form with a SAC Season Ticket number and you will be interviewed by the Committee.

- 1. To be completed by the Member supporting this application as Proposer

Please provide a brief statement in support of this application for membership. Include previous clubs and last handicap.

We the undersigned support this application for membership of Troon Welbeck Golf Club

Proposed By (*Please Print*): _____

Signed: _____

Date: _____

Seconded (*Please Print*): _____

Signed: _____

Date: _____

Office Use Only

| | |
|----------------|--|
| Date Received: | |
| Reference: | |
| Action Taken: | |