



## Membership Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mb Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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. Only club members can access your details online.

Are you a member of any other golf club: yes..... / no..... (Please Tick)

If yes please give details and attach current printed handicap certificate. CDH number \_\_\_\_\_

Have you previously been a member of any other golf club: yes..... / No..... (Please Tick)

If yes please give details of club: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to apply for membership to Ayr Seafield Golf Club. If accepted as a member 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 of £55.00 within 14 days of being accepted as a member.

Nomination for membership by existing members:

We, the undersigned members, wish to nominate the above person for membership at 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: \_\_\_\_\_ (Print) \_\_\_\_\_ (Sign)

Seconded by: \_\_\_\_\_ (Print) \_\_\_\_\_ (Sign)

Please return this form to:

The Membership Secretary  
Ayr Seafield golf club  
Belleisle Park,  
Doonfoot Road,  
Ayr. KA7 4DU