



# WHITING BAY GOLF CLUB

## APPLICATION FOR MEMBERSHIP

Thank you for your interest in joining the Club. Please complete the form in BLOCK CAPITALS and return to the Hon. Secretary, Whiting Bay Golf Club, Isle of Arran, KA27 8QT.

### Personal Details:

|            |  |                |  |
|------------|--|----------------|--|
| Surname:   |  | First Name(s): |  |
| Address:   |  |                |  |
| Town/City: |  | County:        |  |
| Postcode:  |  | Email Address: |  |

The Club would like to use email as its principal way of communicating with you as it is more efficient and convenient. If you would prefer all communications to be by post instead, please tick here

### Membership Details:

|                       |                                |                                   |                                  |                                   |                                  |   |                                  |
|-----------------------|--------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|---|----------------------------------|
| Type (tick one only): | Full: <input type="checkbox"/> | Country: <input type="checkbox"/> | Interm: <input type="checkbox"/> | Student: <input type="checkbox"/> | Junior: <input type="checkbox"/> | International: <input type="checkbox"/> | Social: <input type="checkbox"/> |
|-----------------------|--------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|---|----------------------------------|

*Applicants for Social Membership may skip the remainder of this section*

|   |                               |                              |                                     |   |
|---|-------------------------------|------------------------------|-------------------------------------|---|
| Will Whiting Bay be your only club or your 'home' club?                 | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | Current Playing Handicap: (or none) |   |
| If no, please provide the name of your home club.                       |                               |                              |                                     |   |
| If you have one, please state your existing 10 digit National ID Number |                               |                              |                                     |   |
| Date of Birth (dd/mm/yy): (if under 26 years)                           |                               |                              | Gender (tick one)                   | Female: <input type="checkbox"/> Male: <input type="checkbox"/> |

*Playing members wishing to transfer to Whiting Bay as their 'home' club must also provide a current Handicap Certificate from their existing club showing their exact handicap.*

### I hereby apply for Membership of Whiting Bay Golf Club

|         |  |       |  |
|---------|--|-------|--|
| Signed: |  | Date: |  |
|---------|--|-------|--|

**Received by Honorary Secretary:**

**Signed:**

**Date:**