

# EARLSFERRY THISTLE GOLF CLUB

Instituted 1875

## APPLICATION FOR MEMBERSHIP

I hereby apply for admission as a member of the Earlsferry Thistle Golf Club

If admitted I agree to abide by the regulation of the club and, apart from the playing of golf, agree to participate in the interests of the club.

Full Name .....

Address .....

(Plus postcode) .....

Tel. Home/Mob. ....

Date Of Birth .....

Email .....

If previously a member of this club give date(s) .....

Present Club (if any) .....

Year Joined ..... Exact Handicap .....

Membership of the club is restricted to sixty members. If the membership is full, a waiting list is maintained and your name would be placed on this list upon payment of a deposit of £25. This deposit is refunded on admission.

Date ..... Signature .....

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### CERTIFICATION OF SPONSORS

The applicant is known to me personally and is recommended for Membership of the Earlsferry Thistle Golf Club. (Note: The Proposer and Seconder must be a member of the club with five years standing)

PROPOSER Signature ..... Name .....

SECONDER Signature ..... Name .....

MEMBER Signature ..... Name .....

MEMBER Signature ..... Name .....

MEMBER Signature ..... Name .....

Please send to the address overleaf.

**FOR CLUB RECORDS**

**Date Received .....**

**Fee Received Yes/No**

**Date Admitted .....**

**Send Completed form to:**

**The Secretary**

**Earlsferry Thistle Golf Club**

**Melon Park**

**Elie**

**Fife**

**KY9 1AS**

**Email [earlsferrythistle@outlook.com](mailto:earlsferrythistle@outlook.com)**