

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

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 or email 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

Rotten Row

Elie

Fife

KY9 1AY

Email: earlsferrythistle@outlook.com