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**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 ..................................................................

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.

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 the completed form to:

The Secretary

Earlsferry Thistle Golf Club

Melon Park

Rotten Row

Elie

Fife

KY9 1AY

Email: earlsferrythistle@outlook.com

**FOR CLUB RECORDS**

Date Received ..................................................................

Date Admitted ..................................................................