

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: <u>earlsferrythistle@outlook.com</u>

FOR CLUB RECORDS

Date Received

Date Admitted