

LEVEN THISTLE GOLF CLUB

Balfour Street Leven Fife KY8 4JF
Secretary: Jim Scott

APPLICATION FOR MEMBERSHIP

TO BE COMPLETED IN FULL BY THE APPLICANT

SURNAME
FIRST NAMES

FULL ADDRESS

POSTCODE

DATE OF BIRTH

TEL. Home

Mobile

Email Address

Other Golf Club Memberships

Handicap

Do you wish Leven Thistle GC to become your HOME CLUB for handicap purposes ?

SIGNATURE

DATE

.....

PROPOSERS (to be completed by Club Members of 18 years age or over)

NAME SIGNATURE

NAME SIGNATURE

.....

FOR OFFICIAL USE

DATE OF JOINING _____

CATEGORY _____

CARD NUMBER _____

RECORDED ON COMPUTER _____