

DUNFERMLINE SPORTS CLUB
Application For Membership

Title: _____ Forename(s): _____ Surname: _____

Address: _____

_____ Postcode: _____

Tel (Home): _____ Tel.(Bus.): _____ Tel.(Mob): _____

Date of Birth: _____ Occupation: _____

Email Address: _____

If in full-time education, give details _____

Applicant's signature _____ Date of Application _____

CATEGORY OF MEMBERSHIP APPLIED FOR:-

* **ORDINARY** (**FULL**) / **ASSOCIATE** (**SOCIAL ONLY**)

(NB As required by respective constitutions, to be a member of Dunfermline Rugby Club, Dunfermline Cricket Club or Dunfermline Squash Club, you must be an ordinary (full) member of Dunfermline Sports Club).

***ADDITIONAL CATEGORIES OF MEMBERSHIP APPLIED FOR:-**

DUNFERMLINE RUGBY CLUB – PLAYER / **PATRON**

DUNFERMLINE CRICKET CLUB – PLAYER / **PATRON**

DUNFERMLINE SQUASH CLUB – PLAYER / **PATRON**

* Tick categories which apply.

Proposer Name _____

Signature _____

Seconder Name _____

Signature _____

Note: Applicants for membership of Dunfermline Sports Club must be proposed and seconded by two members of at least one years standing or founder members.

This form should be returned to the Membership Secretary: **Colin Wood**,
5 Kingfisher Place, Dunfermline
Mobile: 07799 830354
Email: col.wood@hotmail.com

FOR OFFICIAL USE ONLY:
Granted/Refused
Date