



## APPLICATION FOR MEMBERSHIP

### APPLICATION FORM

First Name:	
Last Name:	
Address:	
Postcode:	
Date of Birth:	
Phone:	
Mobile:	
Email address:	
Type of Membership Applied for:	
CDH Number:	

**For Family Memberships, please give additional names below and complete a separate form for each member:**


**Please indicate whether you would like to receive information relating to Elie Sports Club, such as events and competition information:**

**YES / NO**

Signed: \_\_\_\_\_

**Please return the completed form to the Manager, Elie Sports Club by email to:**  
[secretary@eliesportsclub.co.uk](mailto:secretary@eliesportsclub.co.uk)