

2024/25 Membership Form

Please ensure all starred * fields are completed or this application will not be processed. Thank you

New applicants MUST be nominated by 2 club members and approved at the earliest available committee meeting

We take your privacy seriously at this Club and will only use your personal information to administer your membership with us and will never pass this data on to third-parties.

However, from time to time we will contact you with details of events and notices appertaining to the Club. If you do not consent to us contacting you for this purpose please tick below:

I disagree □					
Forename *					
Surname *					
Address *					
Town *					
County					
Postcode *					
Telephone No *					
email *					
DOB *					
Membership type: Full f		Partner £15	Senior Citizer Ladies over Gentlemen	60	
Notes:					
ALL fields be	ow MUST b	oe completed or th	is application w	ill NOT be processe	ed
1st Nominating Member *					
PLEASE PRINT CLEARLY *					
2nd Nominating Me PLEASE PRINT CLE	ember				
				4	
Form taken by: * PLEASE PRINT CLEARLY			Date:*		
PLEASE PRINT CLI	:AKLY				