

WILLASTON SOCIAL CLUB

MEMBERSHIP APPLICATION FORM
2016

PAID	<input type="checkbox"/>	£
MEMBER & FOB NO.		
<input type="text"/>		

PLEASE COMPLETE IN BLOCK CAPITALS.

THIS FORM IS FOR PERSONS OVER THE AGE OF 18.
IF YOU ARE AGE 16 – 18 PLEASE ASK FOR A JUNIOR MEMBERSHIP FORM.

£20 MEMBERSHIP FEE MUST BE PAID BEFORE THIS FORM IS PROCESSED &
MEMBERSHIP CARDS MUST BE COLLECTED FROM BEHIND THE **BAR WITHIN 4 WEEKS.**

RENEWAL IS PAYABLE EACH CALENDER YEAR BETWEEN 1ST JAN & 31st of JAN.

NAME:

ADDRESS
Inc Postcode:

TEL NO:

OCCUPATION:

EMAIL ADDRESS:

DATE OF BIRTH:
(ONLY PERSONS UNDER 21 YEARS

PLEASE TICK BOX IF OVER 60
YEARS OF AGE:

PROPOSER NAME:

ADDRESS:

MEMBERSHIP NO:

SIGNATURE:

SECONDER NAME:

ADDRESS:

MEMBERSHIP NO:

SIGNATURE:

COMMITTEE USE ONLY: