



APPLICATION FOR MEMBERSHIP

There are two membership classifications and fees; club and individual.

Last Name (Surname)			
First Name(s)			
Title (salutation)	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> *Other		
*Other , please specify			
Email Address			
Address			
County			
Home Telephone			
Work Telephone			
Mobile Telephone			
Membership Sought	<input type="checkbox"/> Club (£25.00 pa) <input type="checkbox"/> Individual (10.00 pa)		
Do you wish to make a donation	£____.____		
Total payment	£____.____		
Club Membership Contact			
All membership must be approved by the executive committee and a receipt issued by the treasurer to acknowledge payment			
I agree to the above payment			
Signature			
Name		Date	

This section is to be completed by the treasurer or anyone acting on behalf of that office			
Signature	Membership form received	Date ____/____/____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Receipt Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ____/____/____	