

MEMBERSHIP APPLICATION FORM

THIS FORM MUST BE COMPLETED IN BLOCK CAPITALS AND RETURNED TO THE SECRETARY WITH:

1. ALL APPROPRIATE FEES (SEE OVER)
2. TWO PASSPORT SIZE COLOUR PHOTOGRAPHS

IN THE EVENT OF AN APPLICATION BEING REFUSED, BOTH WILL BE RETURNED TO THE PROPOSER

THE APPLICANT

TITLE _____ Miss, Mrs, Mr, Ms _____ (delete as applicable)

SURNAME _____

FORENAME _____

ADDRESS _____

_____ Post Code _____

DATE OF BIRTH _____ Tel: _____

OCCUPATION _____

EMAIL ADDRESS _____
(optional)

This information is strictly private and for Club use only and will not be passed on to third parties.

CAR REGISTRATION _____

Have you ever been a Member of Chandlers Ford Central Club? _____

Are you a Member of any other C & IU Affiliated Club? _____

If yes state which _____

Have you ever been Suspended, Expelled or Refused Membership to any Club? _____

DECLARATION

I declare that I agree with the objects of the Club and agree, if elected, to be bound by the Rules and Bye-Laws of the Club. I confirm that the information given above is complete and accurate.

SIGNED _____

THE PROPOSER

NAME _____ MEMBERSHIP No _____

How long have you known the Applicant _____

Are you related to the Applicant _____

If Yes state your relationship _____

I confirm that the information contained in this application is accurate to the best of my knowledge

SIGNED _____

THE SECONDER

NAME _____ MEMBERSHIP No _____

SIGNED _____
