

MEMBERSHIP APPLICATION FORM

MEMBERSHIP INFORMATION (PLEASE WRITE IN BLOCK CAPITALS)

Title:	First Name:	Surname:
Date of Birth (DD/MM/YYYY):	Contact No:	Email:
Current Address:		
City:	Post Code:	Occupation:

CONFIRMATION (PLEASE WRITE IN BLOCK CAPITALS)

Proposed by <i>(Existing Member)</i> :	Contact No:	Dated:
Seconded by <i>(Existing Member)</i> :	Contact No:	Dated:

MEMBERSHIP TYPE (PLEASE TICK MEMBERSHIP CATEGORY)

<input type="checkbox"/>	Life Membership <i>Single</i>	£250
<input type="checkbox"/>	Family Membership <i>Husband, wife and children under 18</i>	£30
<input type="checkbox"/>	Family Membership <i>Husband & wife over 60's</i>	£15
<input type="checkbox"/>	Individual Membership	£15
<input type="checkbox"/>	Individual Membership <i>over 60's</i>	£7.50
<input type="checkbox"/>	Student Membership	£4

SUBSCRIPTION PAYMENT TYPE (PLEASE TICK)

Please indicate how you wish to pay:

Cash Cheque Standing Order Online Transfer Debit/Credit Card

SPOUSE DETAILS (PLEASE WRITE IN BLOCK CAPITALS)

Title:	First Name:	Surname:
Date of Birth (DD/MM/YYYY):	Contact No:	Email:

CHILDREN DETAILS (ONLY CHILDREN UNDER 18 YEARS)

Full Name of Child:	Date of Birth of Child (DD/MM/YYYY):
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