

Membership Application Form

(PLEASE COMPLETE IN BLOCK CAPITALS)

Individual Membership or Adult Family Member 1

Forename:	Home Telephone:
Surname:	Mobile Telephone:
Date Of Birth:	Work Telephone:
Address:	Email:
Town:	Signature:
Postcode:	
Office Use Only:	Date:

Adult Family Member 2

Forename:	Home Telephone:
Surname:	Mobile Telephone:
Date Of Birth:	Work Telephone:
Address:	Email:
Town:	Signature:
Postcode:	
Office Use Only:	Date:

Child family member (s)

Please complete the table for each child/student member (NB: Child family rates apply to children currently at school or students in full time education, proof of student enrolment is required to qualify for a child rate).

Forename	Surname	Date of Birth	Gender M / F	Class e.g. P1, S2 etc	Student (tick)	Office Use Only

Membership Category (please tick type of membership required)

Family Adult Child/OAP/Student Staff Family

Eligibility (please tick to indicate link to school)

FP Parents of Pupil Pupil Member of Merchant Company Staff Associate

Method of Payment (please tick type of payment)

Cheque Cash Direct Debit (DD payment also requires a cheque/cash for the first month's membership)

Office Use Only	
Membership start date:	Membership end date:
Date processed:	Payment amount:
Staff initials:	Payment method:

