

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: