

Bloxwich Memorial W.M. Club Ltd

Membership Application Form

Applicant Information (Please complete using BLOCK CAPITALS)

Surname:

Forename(s):

Address:

Town:

County:

Postal Code:

Home Phone No (Optional)

:

Mobile Phone No (Optional):

:

E-Mail Address (Optional)

APPLICATION FOR A NEW MEMBER

I wish to become a Member of Bloxwich Memorial W.M. Club Ltd and agree to abide by the Rules of the Club (copies are available from the Secretary).

I understand that the information contained on this form will be held electronically and used solely for the purposes of the Management of Bloxwich Memorial W.M Club Ltd.

Signature of Applicant:

Date:

Application Seconded By

Name

Signature of Seconder

Please forward the completed form and £10 new members joining fee to the Club Secretary / Treasurer