

MEMBERSHIP FORM

— THE CORRINGHAM CLUB



REGISTRATION FORM

Full Name

MR

MRS

MS

MISS

OTHER

Full Address :

Postcode :

Date Of Birth :

D

D

M

M

Y

Y

E-Mail :

Occupation :

Mobile :

Proposer :

Membership Number :

Signature

Seconder :

Membership Number :

Signature

I DECLARE THAT I AGREE WITH THE ETHOS OF THE ABOVE NAMED CLUB AND HEREBY MAKE APPLICATION TO BE ADMITTED AS A MEMBER. I AGREE, IF ELECTED, TO BE BOUND BY THE RULES AND BYLAWS OF THE CLUB

**The £40 application fee must be paid when handing in the application form.
Payment will be refunded if membership application is refused**

Renewal fees are due in January

Signature of application:

Date of application:

THANK YOU FOR YOUR INFORMATION