

Membership Application Form



FULL MEMBERSHIP APPLICATION

All boxes in red MUST be completed!

Subscription for Individual Membership

Couples Membership

FIRST APPLICANT'S NAME

Date of Birth

(complete if you want to qualify for a free drink on your birthday)

email Address (CAPITAL LETTERS)

Marketing Consent

I agree (opt-in) to receive marketing emails from the Club

Home Telephone:

Mobile:

Occupation:

SECOND APPLICANT'S NAME

Date of Birth

(complete if you want to qualify for a free drink on your birthday)

email Address

Marketing Consent

I agree (opt-in) to receive marketing emails from the Club

Home Telephone:

Mobile:

Occupation:

Address 1

Address 2

Town/City

County

Postcode

Application Date:

Amount Paid:

Date Paid:

Personal information will be held in confidence and only used in connection with affairs of the Windlesham Club & Theatre

DECLARATION (each applicant must sign the form)

I/we declare that, if accepted for Membership, I/we will accept and comply with the Rules & By Laws of the Windlesham Club & Theatre, as published and amended from time to time.

First Applicant Signature:

Second Applicant Signature:

PROPOSER's NAME

MEMBERSHIP No.

Proposer's Signature

SECONDER's NAME

MEMBERSHIP No.

Seconder's Signature

Club Use Only

1st Applicant's New Membership No.

2nd Applicant's New Membership No.

Entered on database

Entered on EPOS

Membership Card issued

New Members letter sent

Last update 24/03/21