



Established 1865

7 Church Street ~ Twickenham ~TW1 3NJ

Phone: 020 8892 2193

APPLICATION FOR MEMBERSHIP

Please use BLOCK CAPITALS

Name: _____

Address: _____

Post Code: _____ Telephone: _____

Email: _____

Consent to receive Club communications by Email (tick) Date of Birth: ___/___/___

I hereby undertake to abide by the Rules of the Club, if elected a member.

Signature of Candidate: _____ Date: ___/___/___

Applicants' Name will be posted on the Club notice board for at least 14 days before consideration by the Committee

Please ensure the Applicant's details are filled in fully and accurately

Proposed by: _____ Years known: _____
(Please print name – Must be a Member of two years' standing)

Signature: _____ Membership Number: _____

Seconded by: _____ Years known: _____
(Please print name - Must be a Member of two years' standing)

Signature: _____ Membership Number: _____

Please tick required membership

FULL: ___ **SENIOR:** ___ **COUNTRY:** ___
(over 65) (Resides over 25 miles from the Club)

Annual membership fees are due in January. If joining during the year fees are as follows:-

	JAN - FEB	MAR-APRIL	MAY-JUNE	JULY-AUG	SEP-OCT
FULL	£55	£45	£35	£25	£20
OTHER	£30	£25	£20	£15	£10.00

Office use only

Date Elected: ___/___/___ Letter Sent: ___/___/___ Subscription Due: £ _____

Date Subs Paid: ___/___/___ Card Issued: _____

Signed – Chairman / Secretary: _____