

Littlehampton Sports Club (83) Membership Application Form

FIRST APPLICANT

Title (Mr/Mrs/Miss/Ms):

First Name:

Last Name:

Occupation:

Signature:

Date:

SECOND APPLICANT (NB JOINT APPLICATIONS ARE FOR COMPLETION BY)

Title (Mr/Mrs/Miss/Ms):

First Name:

Last Name:

Occupation:

Signature:

Date:

CONTACT DETAILS

Address:

Post Code:

☎:

Email:

PREVIOUS MEMBERSHIP

Have you held membership of this club before? Yes No (please one)

Please list the name/s of other clubs of which you are currently or have ever been a member of:

Please indicate the reason/s for wishing to join this club:

PROPOSER

Name:

How long have you known applicant/s:

Signature:

Date:

SECONDER

Name:

How long have you known applicant/s:

Signature:

Date:

PAYMENT TO ACCOMPANY APPLICATION (NB MEMBERSHIP TO 31 OCTOBER)

Single membership fee £15.00 or Joint membership fee £22.50 (please one)

OFFICE USE ONLY

Payment received (staff member's initial):

Date:

Membership Approved: Yes No

Date letter sent: