

PERSONAL DETAILS (BLOCK CAPITALS)

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	Tel Home/Work:
Surname:	Tel Mobile:
Forename(s):	E-Mail:
Address:	Occupation:
	Company Name:
Postcode:	Date of Birth:

HOW DID YOU HEAR ABOUT US? (please tick)

Club User <input type="checkbox"/>	Reputation <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Radio <input type="checkbox"/>	Other _____
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MEMBERSHIPS TYPE COUPLE OR FAMILY MEMBERSHIPS (please specify)

	Name	Date of Birth	Membership No:
Single <input type="checkbox"/>			
Couple <input type="checkbox"/>			
Family <input type="checkbox"/>			

MEMBERSHIP PAYMENTS

Advanced payment: Joining Fee: £ _____ Annual Payment: £ _____ Total Payment: £ _____

Direct Debit Payment: Joining Fee: £ _____ Monthly Payments: 10 months x £ _____ = £ _____ 9 months x £ _____ = £ _____ Total Payment: £ _____

METHODS OF PAYMENT

Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Maestro <input type="checkbox"/> Master <input type="checkbox"/> Amex <input type="checkbox"/> Access <input type="checkbox"/> Other <input type="checkbox"/>
Name of Cardholder: _____ Card Number: _____ Issue Date: / / Expiry Date: / /

NEXT OF KIN

Name : _____ Relationship : _____
Telephone Home: _____ Work: _____ Mobile: _____

I have read and agree the terms and conditions of membership

Signature of Member: _____ Date of Signature: _____