



APPLICATION FOR MEMBERSHIP

- | | | | |
|---------------------------------------|---|-----------------------------------|---|
| FULL <input type="checkbox"/> | 5 DAY SENIOR (65+) <input type="checkbox"/> | YOUTH 21 <input type="checkbox"/> | JUNIOR U12 <input type="checkbox"/> |
| SENIOR (65+) <input type="checkbox"/> | WINTER <input type="checkbox"/> | YOUTH 22 <input type="checkbox"/> | JUNIOR 12 - 14 <input type="checkbox"/> |
| COUNTRY <input type="checkbox"/> | YOUTH 18 <input type="checkbox"/> | YOUTH 23 <input type="checkbox"/> | JUNIOR 15 - 16 <input type="checkbox"/> |
| 5 DAY <input type="checkbox"/> | YOUTH 19 <input type="checkbox"/> | YOUTH 24 <input type="checkbox"/> | JUNIOR 17 <input type="checkbox"/> |
| | YOUTH 20 <input type="checkbox"/> | STUDENT <input type="checkbox"/> | HOUSE <input type="checkbox"/> |

1. TITLE FULL NAME
2. PERMANENT ADDRESS
.....
POSTCODE
3. HOME TELEPHONE MOBILE
4. EMAIL ADDRESS
5. DATE OF BIRTH
6. OCCUPATION
7. PREVIOUS / CURRENT CLUB (if applicable)
8. HANDICAP (if applicable) CDH NO. (if known)

If accepted for membership, I will abide by the rules and regulations of the Club and those laid down by the Council.

SIGNATURE OF APPLICANT

DATE