



APPLICATION FOR MEMBERSHIP
(FULL/ 6 DAY/ 5 DAY/ COUNTRY/ JUNIOR/ RANGE)

Mr/Mrs/Miss_____

Christian Names_____Surname_____

Date of Birth_____

Address_____

Postcode_____

Occupation_____

CDH NUMBER _____

PREVIOUS CLUB _____

Telephone No's

Home_____Work_____Mob_____

E-Mail_____

Proposer

Name_____Signature_____

Tel. No_____

Seconder

Name_____Signature_____

Tel. No_____

RELATIONSHIP TO PROPOSER_____

Club Marketing	Opt in <input type="checkbox"/>	Opt out <input type="checkbox"/>
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3rd Party Marketing	Opt in <input type="checkbox"/>	Opt out <input type="checkbox"/>
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