



Associated Membership Application Form

Name
Address
CDH Number

I wish to confirm that I am a full member of both

Name of Yorkshire Club)	Name and County of Other Club

I have chosen to represent the following County at County Level in

County		Year	
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However, I also wish to be an Associate Member of YLCGA in

Year	
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And I confirm that I will ensure that my Yorkshire Club will pay my Associate Member Subscription when it is due.

Signed	Date

Please return this form to

YLCGA Treasurer Lowfield House Low Street Husthwaite N. YorksYO61 4QA via
via email to YLCGATreasuer@ylcga.org.uk