

MEMBERSHIP APPLICATION FORM

Name-----

Address-----

-----Post Code-----

Date Of Birth. Day----- Month -----Year -----

Occupation -----

Attributes/Hobbies-----

Telephone number-----

Email Number-----

Proposed by-----

Seconded by-----

Date-----

Please enter Name address and telephone number of next of kin on the reverse side of this form.

If admitted ,I agree to abide by the rules of the Association.

Signature.....

This form must be accompanied by a cheque for £48.00 membership fee which is returnable if your application is not successful.

Official use only

Accepted Yes/ /No Date-----

Signature of Secretary

Signature of Chairperson.....