

ALVINGHAM SOCIAL CLUB MEMBERSHIP APPLICATION FORM

Payments to be made with application

NAME(S) OF APPLICANT(S):

ADDRESS:

TELEPHONE NUMBER:

E-MAIL ADDRESS :

DATE OF APPLICATION:

SUBSCRIPTION PAYMENT:

(to accompany application)

Please tick relevant payment method

Cash

Cheque

Other

Committee use

PROPOSER:

SECONDER:

DATE APPLICATION
REVIEWED:

MEMBERSHIP ACCEPTED:

YES

NO

PAYMENT:

Please tick relevant box

Subs Cashed

Subs Returned to
Applicant

Signature

.....

Date

.....