

## MEMBERSHIP APPLICATION / RENEWAL FORM

CONTACT DETAILS			
Title:	Address	s 1:	
First Name:	Address	s 2:	
Surname:	Town:	Town:	
Date of Birth:	Postcod	Postcode:	
Mobile:	Home T	Home Telephone:	
Email:			
☐ Full Junior Membership	£249	Price for the 1st year (or subsequent years by Card/Cash)	
10-18 years	£211	Direct Debit from the 2nd year With Members 15% Discount	
Full Adult Membership	£399	, and the second	
	£339		
Full Joint Momborship	£599	•	
Full Joint Membership 2 people living at the same address		, , , , , , , , , , , , , , , , , , , ,	
		Direct Debit from the 2nd year With Members 15% Discount	
☐ Full Family Membership		Price for the 1 <sup>st</sup> year (or subsequent years by Card/Cash)	
Maximum of 4 people living at the sar	10/8	3	
Member 1:		Member 2:	
DOB: Mobile:		DOB: Mobile:	
Email:		Email:	
Member 3:		Member 4:	
DOB:		DOB:	
Mobile:		Mobile: Email:	
Email:			
Membership Referral Scheme:		Referring Member Details	
Referring Member must be a current Member.		Full Name:	
		Last 3 digits of Membership Number:	
OFFICE USE ONLY:			
Amount Received:		Membership Number:	
Membership Valid From:		Membership Valid Until:	
Azolve: MailChimp:		Membership Pack Sent Out:	
Processed by, date:		Voucher Number:	