

BARRIER SOCIAL DEMOCRATIC CLUB



MEMBERSHIP APPLICATION FORM

Dear Sir / Madam

I desire to become a member of the Barrier Social Democratic Club and if accepted I agree to bind by the Constitution and Rules.

PARTICULARS TO BE STATED FULLY AND CORRECTLY

Mr Full Name : _____
Mrs (Christian Names) _____ (Surname) _____
Ms _____
Miss _____

Address : _____

Postcode : _____

Telephone (home) : _____ (business) : _____

(mobile) : _____

Email Address : _____

Occupation _____

Name of Employer: _____

Date of Birth : _____

Member of any other clubs if any : _____

Have you ever been refused membership of any other club : YES NO

Do you wish to receive an Annual Report? YES NO

Do you wish to receive an Annual Report? POSTAL MAIL EMAIL

SIGNATURE : _____

The above name candidate is personally known to us and we believe to be a suitable person to be elected a member of the Barrier Social Democratic Club.

Proposer : _____ Membership No : _____

Secunder : _____ Membership No : _____

For Office Use Only

Membership No : _____ Received by: _____ Date : _____

Computer Entry : Signature : _____ Date: _____

Card Issued : Signature : _____ Date: _____

Amount: \$ _____ Receipt no: _____

Identification: DL , 18+ , PC, PASSPORT Identification no: _____

