BECCLES CAXTON CLUB Application Form for Associate Membership

NB This form must be filled in correctly if you wish the application be considered. Return it to the Steward or a committee member. You will be notified by post after a committee meeting. Forms filled in incorrectly will be returned.		
I wish to apply for Associate Membersh accepted, will abide by the rules of the	ip of The Beccles	Caxton Club and, if membership is
Name (in Print) Mr / Mrs / Miss / Ms :		
Age : Date of Birth : / /	Contact Phone	No Home:
		Mobile :
Husband / Wife / Partner. Second Name (in Print) Mr/Mrs/Miss/Ms :	76	
Age: Date of Birth: / /		
Address:		
	Post Code	
Date of application : / /		
	Signed	
Reason for becoming a member :		
NB If you are applying to join a section you need to fill in section. All other applicants must get the form propor membership exist only for the duration of your involve for normal associate membership unless you no long	sed and seconded. Mov	
The aboved named is/are joining the :		section:
Secretary's Name:	Signed:	Date: / /
Your application must be proposed and seconded by two members, who can vouch for you before it is eligible to be considered by the committee.		
Proposer (print name):		Signed:
	nans / M&H Plastic	s / Committee.
Seconder (print name):		Signed:
Member at (please Circle) Clowes / Promans / M&H Plastics / Committee. Subscription rates(please tick) to be paid on collection of membership card(s).		
Single A 01 £15	ગીy. If you let your r	nembership lapse you have to reapply)
Family/Double A02 £20 Families with OAP 01 Single £10 OAP 02 Co	th children under 1 uple £15	6 (only allowed in club house with parent's) (State Pension Age)
NOTE'S: 1/ Children aged 16 and over must have the	eir own membership (r	not covered by parents membership)
2/ If you do not renew your membership during Jan/Feb you will have to rejoin paying the joining fee again		
3/ There are no letters sent out for notification of membership renewal		
All memberships are renewed in Jan/Feb. Information will be posted in club house		
For Office use only Date received by Secretary: ///	Mata no	control of mosting .
Accepted Rejected	THE CONTRACTOR OF COMPANY AND ADDRESS OF THE CONTRACTOR OF THE CON	ented at meeting : / /
Letter sent out	Wait	Other