

Beccles Caxton Club
 Founded 1890

Headquarters
 Gaol Lane
 Beccles
 Suffolk
 NR34 9SJ

Chairperson : Mark Wigg
Secretary : Donna Knights
 (07528 113177)
Treasurer : Sean Stock
 (07771 677801)



tel : 01502712829 email : secretary@becclescaxtonclub.co.uk
 web : www.becclescaxtonclub.co.uk

APPLICATION FOR ASSOCIATE MEMBERSHIP 2026

This form must be completed correctly to be considered by the Caxton Club Committee. Printed copies can be handed in at the club, or posted to the address above. Forms submitted online do not need to be printed or handed in. Scanned copies can be emailed to the secretary on the email address above. You will be notified of the decision made once your application has been considered at the next available Committee Meeting.

Boxes marked with a "*" are mandatory

Fees are payable on collection of your Membership Card

MAIN APPLICANT

TITLE * :	<input type="text"/>	<i>(Mr / Mrs / Miss etc.)</i>	MEMBERSHIP TYPE * :	SINGLE - £15	<input type="checkbox"/>
FULL NAME * :	<input type="text"/>		<i>(Please Tick)</i>	COUPLES - £20	<input type="checkbox"/>
ADDRESS * :	<input type="text"/>		<i>("OAP" Refers to those who have reached their Current State Pension Age)</i>	OAP (SINGLES) - £10	<input type="checkbox"/>
POST CODE * :	<input type="text"/>			OAP (COUPLES) - £15	<input type="checkbox"/>
PHONE NUMBER * :	<input type="text"/>		UNDER 18's DO NOT REQUIRE INDIVIDUAL MEMBERSHIP BUT MUST BE ACCOMPANIED BY A FULL MEMBER WHEN VISITING THE CLUB		
EMAIL * :	<input type="text"/>		DATE of BIRTH * :	<input type="text"/>	
			AGE * :	<input type="text"/>	

N.B Joint applications are for Couples living at the same address - A false declaration will lead to both memberships being revoked

PARTNER TITLE :	<input type="text"/>	<i>(Mr / Mrs / Miss etc.)</i>	PARTNER D.O.B :	<input type="text"/>
PARTNER NAME :	<input type="text"/>		PARTNER AGE :	<input type="text"/>
PHONE NUMBER :	<input type="text"/>			
EMAIL :	<input type="text"/>			
REASON(S) FOR BECOMING A MEMBER * :	<input type="text"/>			

N.B. If you are joining one of our sections, complete the information above, then pass this form to the Secretary of that Section (leave the rest blank)

All other applicants must be proposed by an existing Full Member, and seconded by another Full Member

(if you don't know any existing Full Members, leave these blank, and your application approval will be at the discretion of the Club Committee)

PROPOSED BY :	<input type="text"/>	<i>(NAME)</i>	<input type="text"/>	<i>(SIGNED)</i>
	<i>Member Type : AMCOR / ASSOCIATE / COMMITTEE / SECTION SECRETARY</i>			
SECONDED BY :	<input type="text"/>	<i>(NAME)</i>	<input type="text"/>	<i>(SIGNED)</i>
	<i>Member Type : AMCOR / ASSOCIATE / COMMITTEE</i>			

PLEASE NOTE:

1. Persons aged 18 and over must have their own membership
2. If you do not collect and pay for your annual membership renewal by the 14th of February, you will have to apply as a new member
3. No notifications will be issued regarding membership renewal - details of when to collect them will be displayed in the Club

OFFICIAL USE ONLY:

DATE FORM RECEIVED

(DELETE AS APPLICABLE)

ACCEPTED / REJECTED / WAIT / OTHER

DATE PRESENTED AT

MEETING

DATE LETTER SENT OUT

<input type="text"/>	<input type="text"/>
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