

NEWNHAM CLUB

Application for Membership

<i>Mr/Mrs/Miss Forename (s)</i>		<i>Surname</i>	
<i>Address</i>			
<i>Are you over the age of 18?</i>		<i>Signature</i>	
<i>Telephone Number</i>		<i>Date</i>	

<i>To be completed by proposer</i>		<i>To be completed by seconder</i>	
<i>Full Name</i>		<i>Full Name</i>	
<i>Membership Number</i>		<i>Membership Number</i>	
<i>How long have you known the applicant</i>		<i>How long have you known the applicant</i>	
<i>Signature</i>		<i>Signature</i>	

If the proposer and seconder fields are not completed, your membership application will be under review for 3 months.

Please return your completed form to:

The Club
High Street
Newnham on Severn
Glos
GL14 1BS

Or email it as an attachment to: thenewnhamclub@btconnect.com