

SALTWOOD CLUB

APPLICATION FOR MEMBERSHIP 2022

APPLICANT.

FULL NAME and TITLE:BLOCK
ADDRESS:CAPITALS
.....Post CodePLEASE
OCCUPATIONAGE (date of birth if under 18).....
Tel: E-mail:.....

I wish to apply for membership of Saltwood Club and if accepted agree to abide by its rules. I understand that the annual membership fee is payable promptly in January of each year.

SIGNED:.....

NOTE: Both proposer and seconder must be full club members and have held such membership for a period of not less than 6 months.

PROPOSER

I wish to propose the above applicant for membership. I have known the applicant foryears and from my personal knowledge I believe I can vouch for the applicant's respectability and fitness to become a member.

FULL NAME:..... Signed:

ADDRESS:

SECONDER

I wish to second the above application for membership.

FULL NAME:..... Signed:

ADDRESS:

Type of Membership	Annual Subscription	Joining Fee
FULL MEMBER (Aged 18 or over)	£33.00	£5.00
SENIOR MEMBER (Aged 65+)	£21.00	£5.00
YOUTH MEMBER (Aged 16 to under 18 years)	£21.00	£5.00

TOTAL SUBSCRIPTION AND JOINING FEE: £

RECEIVED BY:..... DATE OF APPLICATION:

PLEASE NOTE:

Saltwood Club will accept this application only if it is accompanied by the appropriate Annual Subscription and Joining Fee, which will be fully refundable if the application is not accepted. Applicants will be notified of the Committee's decision within the two weeks following its next meeting. All information given on this form is for membership records only, will be treated in the strictness of confidence and will not be made available to any third party for any reason. I understand and agree that the information will be kept on the Club's computer database.

I would like to receive marketing material by: post email phone Please tick all that apply.

Please complete and return this form to Saltwood Club, School Road, Saltwood, Hythe, Kent, CT21 4PP .
Tel: 01303 266487

How did you hear about Saltwood Club? Website Recommendation Flyer
Other Please give details.