



# APPLICATION FOR MEMBERSHIP

## 2011

### APPLICANTS DETAILS:

SURNAME .....	OCCUPATION .....
CHRISTIAN .....	.....
ADDRESS .....	TELEPHONE No. ....
.....	HOME: .....
.....	BUSINESS: .....
POST CODE .....	MOBILE: .....
DATE OF BIRTH .....	EMAIL .....

MEMBERSHIP CLASSIFICATION APPLIED FOR: (TICK AS APPROPRIATE)

PLEASE NOTE CERTAIN CONDITIONS APPLY TO QUALIFY FOR FULL AND JOINT MEMBERSHIP.

FULL (BAE employees)	ASSOCIATE AND 5 DAY	JUNIORS - NO JOINING FEE
JOINING FEE £185 Ø	JOINING FEE £245 #	
SUBSCRIPTION	SUBSCRIPTION	SUBSCRIPTION
<input type="checkbox"/> FULL MALE £405	<input type="checkbox"/> ASSOCIATE MALE £440	MALE <input type="checkbox"/> 14-17 <input type="checkbox"/> £27
<input type="checkbox"/> FULL FEMALE £405 *	<input type="checkbox"/> ASSOCIATE FEMALE £440 *	OR <input type="checkbox"/> 10-13 <input type="checkbox"/> £27
	<input type="checkbox"/> 5 DAY MALE £400	FEMALE <input type="checkbox"/> UNDER 10 <input type="checkbox"/> £27
	<input type="checkbox"/> 5 DAY FEMALE £400 *	INSURANCE £3
INSURANCE £3	INSURANCE £3	PARENTS SIGNATURE
Ø Or £40/year for 5 years	# Or £55/year for 5 years	.....

### HANDICAP INFORMATION:

#### MEMBERSHIP OF OTHER CLUBS:

PRESENT CLUB .....

CURRENT HANDICAP .....

PAST .....

PREVIOUS HANDICAP .....

### SIGNATURES:

DATE: ..... SIGNATURE OF APPLICANT: .....

PROPOSER: ..... SIGNATURE OF PROPOSER: .....

SECONDER: ..... SIGNATURE OF SECONDER: .....

BOTH PROPOSER & SECONDER MUST HAVE KNOWN THE APPLICANT PERSONALLY FOR A MINIMUM OF 2 YEARS.

### COMPLETED APPLICATION FORMS ARE TO BE RETURNED TO:

MR. W T HOOSE  
 SECRETARY / MEMBERSHIP SECRETARY  
 173 QUEENS ROAD  
 CHEADLE HULME  
 STOCKPORT  
 SK8 5HX  
 Tel: 0161-485-4095 Email: w.hoose@sky.com

**\* FOR A LIMITED PERIOD ONLY,  
 LADY SUBSCRIPTION RATES ARE  
 DISCOUNTED AS FOLLOWS:-**

FULL FEMALE £365  
 ASSOCIATE FEMALE £396  
 5 DAY FEMALE £360