



WINDLESHAM CLUB & THEATRE
Kennel Lane, Windlesham, Surrey GU20 6AA
Tel : 01276 472210
MEMBERSHIP APPLICATION FORM

Subscription of £18 (joint £30) to accompany this form

FIRST APPLICANT'S NAME:

JOINT APPLICANT'S NAME:

Address: _____

Post Code: _____ Tel: _____

Email:

Dates of birth (if under 18) First Applicant: _____ Joint Applicant: _____

Occupation of First Applicant (optional): _____

Occupation of Joint Applicant (optional): _____

DECLARATION (EACH APPLICANT MUST SIGN FORM)

I/we declare that, if accepted for membership, I/we will accept and comply with the Rules & By Laws of The Windlesham Club & Theatre, as published and amended from time to time.

First Applicant's signature:

Joint Applicant's signature:

Date:

Personal information will be held in confidence & only used in connection with the affairs of the Windlesham Club & Theatre. Please note on reverse any special access requirements

PROPOSER NAME (Please print):

Proposer signature & membership swipe card no.:

SECONDER NAME (Please print):

Secunder signature & membership swipe card no.:
