**SIDCUP WORKING MENS CLUB & INSTITUTE LIMITED**

**APPLICATON FOR MEMBERSHIP**

Please use BLOCK CAPITALS

First Name……………………………………….. Surname………………………………………………..

Address……………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………….

Post Code………………………………………………. Telephone ……………………..................

Date of Birth ……………………………………….Trade/Profession…………………………………

I hereby apply for membership of the above club and the allotment of one share of the club at a cost of 12.5p. On admission to membership I agree to pay an initial membership fee of £25.00 plus the annual subscription of £21.00.

I agree at all times to adhere to the club rules, regulations and any bye-laws set by the Management Committee. I agree to promote the objects of the club for which it was established. I am over 18 years of age.

Have you ever been a member of this or any other club? ………………………………………

If yes which ones?......................................................................................................

……………………………………………………………………………………………………………………….........

Applicants signature…………………………………………………….. Date…………………………..

PROPOSER (Please Print Clearly) SECONDER (Please print clearly)

Name………………………………………… Name…………………………………………..

Membership Number……………….. Membership Number………………….

How long have you known the applicant (proposer)………………………

**THIS FORM MUST BE ANSWERED TRUTHFULLY OTHERWISE IT COULD MAKE YOUR MEMBERSHIP INVALID**

Date received…………………………………………………………… Committee approved………………………………………………………

Membership Number………………………………………………. Fob Number…………………………………………………………………….

Associate Number……………………………………………………