Application for Membership

Full Name:	Mr	Mrs	Miss	Other		- ¬
Occupation	:					_ _
Address						
Postcode:						
Phone:				Mobile:		
Email						
We occasionally these updates?	send en	nails about up	coming ev	ents and news. Would you lik	ke to opt in to re	eceive
Have you ever b	een banı	ned/barred or	refused m	embership of any other Club	or Society?	
Do you belong to	any oth	er Club or So	ciety?			
a member.	are requi	red to attend	the next Co : Joining fo Annual S	ommittee meeting before they see (not applicable to OAP's) subscription sle Card Deposit	/ can be accept £15.00 £15.00 £5.00	ed as
NOTE: To Join, required. Cheques made _l			,	bscription fees, and the depo	sit for the card	are
Please tick as a			our conse	nt)		
To display y	our nam les and e	ne on our Noti enable our me		or a minimum of 48 hours - th aise any relevant concerns re		with

To note your information (eg name) in the minutes of any meeting held by the Committee, should the need arise.										
To hold information provided on this form, on our database, for a minimum of 14 months in order that we can process and maintain your membership.										
Applicants Sign	nature:		Da			p:				
Membership proposed by (BLOCK LETTERS):										
Members Signature: Membership No:						lo:				
Please return, with the appropriate fee, to: the Membership Secretary, The Windsor Club, 54 Windsor Way, Polegate. OR email us at windsorpolegate@gmail.com										
Thank you.										
Office Use:	ee Paid	Cash Cheque Card	Senior	Junior	Access No.	Memb No.				
1 st Letter		2 nd Letter		3 rd Letter		Correspondence				