



St Roberts Club Membership Application Form

I APPLY TO BECOME A MEMBER OF THE ST. ROBERTS CLUB AND AGREE TO BE BOUND BY THE RULES AND BYLAWS OF THE CLUB.

First Name: Date of Birth:/...../.....

Surname: Mob:

Full Address: Tel:

.....
..... Post Code:

EMAIL:

Occupation:

Signed: DATE:

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PROPOSED BY: Name Membership No:

PROPOSED BY: Name Membership No:

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FOR CLUB MEMBERSHIP SECRETARY to COMPLETE

Date Application Received:/...../..... Membership No:

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Payments Received:

Joining Fee & 20..... Subscription, RECEIPT no: DATE:/...../.....

20 Subscription, RECEIPT no: DATE:/...../.....

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