TASTER MEMBERSHIP APPLICATION FORM 2017/18

(1st October 2017 to 30th September 2018)



NAME: Title	Surname	Forenam	ne(s)			
ADDRESS						
DOCTCODE						
POSTCODE TELEPHONE NUMI		Vour Curre	Your Current EMAIL ADDRESS, Please			
MOBILE NUMBER						
MEMBERSHIP COS	N	MEMBERSH	MEMBERSHIP START DATE:			
Free for one mont						
CAR PASS REQUIRED: YES / NO IF YES – CAR REGISTRATION No						
I agree to abide by the Club Rules						
SIGNATURE						
		Γ				
BIRTH MONTH						
OFFICE USE			DATE RECE	DATE RECEIVED		
			Taken Actio	Taken Action – Signature:		
			Proposer	Proposer		
			Cocondor	Secondar		
			Seconder			
Membership No.	Car Pa	rk Pass No.	Email Upda	ite	Membership Update	
		GNTON CLUB, 1 ESPLAN				
Telephone (01803) 559682 Email: <u>PaigntonClub@hotmail.co.uk</u> _VAT No. 141 3700 12						