



<i>Office Use Only</i>
MEMBERSHIP NO.

MEMBERSHIP APPLICATION FORM

Please PRINT the following information clearly:

Name.....

Postal Address.....

.....

.....

Post Code.....

Tele No..... Mobile.....

Email.....

My main interests are.....

.....

I would be interested in leading a group/s in the following:

.....

I fully understand that I participate in any activity at my own insurance risk.

Annual membership is normally due at the end of January.

Members joining during the year will be charged the full membership fee for the year.

Signed.....Print.....

Date.....