



MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

_____ Post Code _____

Telephone _____ Mobile: _____ Landline: _____

Email: _____

Date of Birth: _____

NEXT OF KIN

Name: _____

Relationship to you: _____

Contact Telephone: _____

Please detail any medical conditions and allergies that you are aware of: _____

I confirm that I have received and read the Club terms of membership and buggy policy and agree to abide by them.

If I wish to cancel my membership I will give 30 days notice and I agree to return to Boston West my bag tags and membership discount card.

Signed: _____ Date: _____

For Office Use Only:		Initial	Initial
Photographic identity check:			Signature Check:
Bank account details check:			Address Check:
Date membership agreed:		Bag tag / membership card given:	

