

MEMBERSHIP APPLICATION FORM

Membership Category: _____

Membership Fee: _____

Name: _____

Address: _____

Date of Birth: _____

Telephone Number (Landline): _____

(Mobile): _____

Email Address: _____

We circulate information about the course and club events via email.
Please tick this box if you do not want to receive updates.
Your email address will not be distributed for any other purpose.

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