

# ECGWINS CLUB

## MEMBERSHIP APPLICATION FORM

THE COMMITTEE ARE UNABLE TO CONSIDER THIS APPLICATION UNLESS THEY ARE SATISFIED THAT THE APPLICANT HAS ATTENDED THE CLUB ON OCCASIONS EITHER AT A FUNCTION/OTHER SOCIETIES EVENTS OR HAS BEEN SIGNED IN AS A GUEST ON MORE THAN TWO OCCASIONS.

**APPLICANT(S) & ANY FAMILY MEMBER MUST BE OVER 18 YEARS OF AGE**

THE APPLICANT(S) MUST CONTINUE TO BE SIGNED IN AS A GUEST(S) WHILST THIS APPLICATION IS PENDING:

APPLICANT'S FULL NAME: MR MRS MISS	
ADDRESS:	DATE OF BIRTH:
	OCCUPATION:
	HOME TEL NO:
	MOBILE:
POST CODE:	E-MAIL:
DO YOU ALSO REQUIRE FAMILY MEMBERSHIP SPOUSE/PARTNER: YES/NO	
NAME:	

THE PROPOSER & SECONDER MUST BE FULL MEMBERS OF NOT LESS THAN 2 YEARS

NAME OF PROPOSER:	NAME OF SECONDER:
ADDRESS:	ADDRESS:
POST CODE:	POST CODE:
TEL NO:	TEL NO:

SIGNATURE OF APPLICANT: ..... DATE: .....

SIGNATURE OF PROPOSER: ..... DATE: .....

SIGNATURE OF SECONDER: ..... DATE: .....

**PROPOSER/SECONDER: - By signing this form you are confirming that you are well acquainted with the Applicant(s) is of suitable character and conduct to become a member(s) of Ecgwins Club.**

**Please return the Completed Form to the Membership Secretary.**

**THIS APPLICATION WILL BE CONSIDER AT THE NEXT COMMITTEE MEETING FOR APPROVAL**

FOR OFFICE USE ONLY:	DOWNLOADED - DATE RECEIVED:	NOTICE BOARD:
APPROVED:		NOTIFICATION:

*"General Data Protection Regulations 2018 – all the information provided by the applicant will be used solely for the administration of Ecgwins Club and will not be disclosed to any third parties."*