



APPLICATION FOR MEMBERSHIP

Surname: Mr. Mrs. Ms. (Please circle)
First Name: Date of Birth: / /
Residential Address:
..... Postcode:
Postal Address:
..... Postcode:
Home Telephone: Work Telephone:
Mobile: Email:
Occupation: Fax:

I hereby apply for membership of The Galston Club and request that my name be entered into the members registrar. I agree to be bound by the Memorandum and Articles of Association and the Clubs by-laws that may be in force from time to time.

All membership applications must be presented to and approved by the Board of Directors at their next monthly meeting.

Signature: Date : / /

Please tick if you DO NOT WANT TO RECEIVE a copy of the AGM Report

Membership runs from 1st July to 30th June each year

Nomination for Membership:

Nominated by: Badge number:
Signature of Nominee: Date: / /
Seconded by: Badge number:
Signature of 2nd Nominee: Date: / /

Staff use only:	<input type="checkbox"/> Membership Fee \$20
Membership Number:	<input type="checkbox"/> Sub Branch \$10
Staff Name:	Receipt number:
Staff Signature: Card Processed:	Date: / /