Winchcombe CWM Club

Vineyard Street, Winchcombe, Gloucestershire GL54 5LP

Application For 12 Month Membership

Title	Forename		Surname		
Address					
Post Code					
Post Code					
Contact Telephone Number			Date of Birth		
Email			If Under 21years of Staff Validation Signature		
			age, Official ID* Validated OK by Staff?		
Proposed By		Membership Number	Signature of Proposer		
Seconded By Membership		Signature of Seconder			
<u>-</u>		Number	Signature of Seconder		
Date Payment Received			Staff Signature – Recording Receipt		
12 Month Subscription Paid –			Date Accepted by Committee Membership No.		=
					Assigned
£20 Full Mem	ibership [,			
£12.50 Senio					

* Official ID = Driving Licence, Passport or Proof of age card (PASS Card)

Please tick this box if you are happy to receive occasional emails or text messages from the club. These communications will include renewal reminders and details of events happening at the club. You can opt out of receiving these communications at any time.

NOTES: Payment of an annual subscription must be made at the time of application and will be refunded in the event of non acceptance. No Application will be presented to the Committee for approval if the subscription has not been paid, if there is no valid Proposer or Seconder or if information is missing. Your personal information will never be passed onto a third party, and will be stored securely only for the duration of your membership tenure.

All Applicants MUST be over 18 years of age