



Membership Application

Title(Mr/Mrs/Miss/Ms/Master.....

First Name.....

Last Name.....

Address.....

.....

Town/City.....Postcode.....

Telephone No.....Mobile No.....

Email.....

Date of Birth.....

Do you consider yourself to have a disability as you may be eligible to enter some matches

Yes or No

If yes what is the nature of your disability?

Signed..... Date.....

There can be up to or even longer than 3years waiting to join Collinghamaa

THE FOLLOWING TO BE COMPLETED BY NEW MEMBERS

PROPOSERS NAME

ADDRESS.....
.....

POST CODE.....

TELEPHONE NO.....

MEMBERSHIP BOOK NO.....

SIGNED.....DATE.....

SECONDRS NAME.....

ADDRESS.....
.....

POST CODE.....

TELEPHONE NO.....

MEMBERSHIP BOOK NO.....

SIGNED.....DATE.....

PLEASE VISIT OUR WEB SITE WWW.COLLINGHAMAA.CO.UK

PLEASE REMEMBER TO UPDATE ANY CONTACT DETAILS IF THEY CHANGE

Postal Returns to:

Mrs J WILSON
93 BRAEMER ROAD
COLLINGHAM
NEWARK NOTTS
NG237PN
TELEPHONE NO 01636892700

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