

CENTRAL WARD RESIDENTS & SPORTS CLUB

MEMBERSHIP NOMINATION FORM

TO BE COMPLETED IN BLOCK CAPITALS

TICK RELEVANT BOX **Mr** **MRS** **MS** **MISS** **OTHER TITLE IE DR**

FIRST NAME _____ SURNAME _____

ADDRESS _____

POSTCODE _____ EMAIL ADDRESS _____

HOME TELEPHONE NO _____ MOBILE NO _____

DATE OF BIRTH _____ OCCUPATION _____

PROPOSER _____ SIGNATURE _____ MEMBERSHIP NO _____
 Print Name

SECONDER _____ SIGNATURE _____ MEMBERSHIP NO _____
 Print Name

CANDIDATES SIGNATURE _____ DATE _____

Rule 11 – The candidate on signing this nomination form pledges him/herself to support and to abide by the rules and byelaws of the club now or hereafter in force in the event of being elected a member

PLEASE CHECK YOU HAVE SIGNED THE FORM AND HAVE A CURRENT MEMBER PROPOSE AND SECOND YOU AND HAVE ENCLOSED THE FEE OF £45.00 ONLY THEN WILL YOUR APPLICATION BE PROCESSED.

FOR OFFICE USE ONLY

DATE OF ELECTION

CLUB NUMBER

All data entered on this form will be used for CWRSC administration purposes only. None of your personal details will be passed on to third parties, either now or in the future.