MEMBERSHIP APPLICATION FORM

FORENAME(S): _____

SURNAME: _____

ADDRESS: _____

_____

_____

POST CODE: _____

HOME TEL: _____ MOBILE: _____

PRIMARY EMAIL: _____

OCCUPATION: _____

EMPLOYER: _____

REASON FOR APPLYING: _____
_____
_____
_____
_____
_____

Are you willing to assist in Box Cleva's operations?   YES / NO

Are you willing to assist Box Cleva financially?   YES / NO

Are you a member of any other similar organisation?   YES / NO   (If Yes, please specify below)

_____
_____
_____
_____

In signing below I understand, and agree, that:

My application for membership of Box Cleva is based upon the information I have given above;

The Management Committee, at their sole discretion, have the right to refuse this application, subject to the association's constitution;

The Management Committee, at their sole discretion, have the right to revoke any existing or granted membership, subject to the association's constitution.

_____   _____

APPLICANT SIGNATURE   **DATE**

<u>**COMMITTEE USE ONLY**</u>

Applicant approved: Yes / No   Date: /   /   . Signature: _____