

Albrighton

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RIVER SEVERN MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE IN BLOCK LETTERS AND RETURN TO THE CHAIRMAN AT THE ABOVE ADDRESS.

SURNAME: _____ **DATE OF BIRTH:** _____

FORENAMES: _____

ADDRESS: _____

_____ **POSTCODE:** _____

TELEPHONE NUMBER: _____

MOBILE/FAX NUMBER: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

HOW DID YOU HEAR ABOUT THE CLUB: _____

If this application form is for someone under the age of 16, please complete the form above with the junior member's details, and a guardian should complete the following:

NAME OF GUARDIAN: _____

MEMBERSHIP NUMBER: _____ **(LEAVE BLANK IF NOT A MEMBER)**

SIGNED: _____ **DATED:** _____