HOLWELL SPORTS AND SOCIAL CLUB LIMITED APPLICATION FOR ORDINARY MEMBERSHIP

FULL NAME OF APPLICANT (BLOC ADDRESS OF APPLICANT		
POST CODE TELEPHONE NUMBER		•••••
DATE OF BIRTH		
THE PROPOSER AND SECONDER MU ASSOCIATION, AND BE OVER THE AGE OF 18 WITH MEMBERSHIP.		
Name and Address of Proposer	Name & Address of Seconder	
Membership card No.	Membership card No.	d
J.B: The Applicant, Proposer & secon committee meeting to discus the Applicant If accepted as a member, I agree to abide		ttend a
SIGNATURE OF APPLICANT:		,
DO NOT WRITE BELOW THE LINE TO THE CHAIRMAN OF THE COUR The Social Club Management Committee Recommend / does not recommend electi SIGNED	e has considered the application and	
DATE (CHAIRMAN OF THE MA	ANAGEMENT COMMITTEE)	
THE COUNCIL APPROVE THE ABO	OVE RECOMMENDATION	
SIGNED (CHAIRMAN OF THE C	OUNCIL)	

IF THE APPLICANT WISHES TO JOIN A SPORTS SECTION, APPLICATION MUST BE MADE ON A FORM OBTAINABLE FROM THE APPROPRIATE SECTION SECRETARY.