



Swanage Con Club

Application for Membership

Full Name (**Capitals**)

Address

..... Post Code

Telephone Number

Email Address

Please enter so readable

Age Occupation

I have previously been a member of the Swanage Conservative Club (Yes / No)

If elected, I will abide by the Rules and By-Laws of the club and I will not wittingly by word or deed do anything prejudicial to the best interests of the Club.

I consent to your collecting and retaining personal information about me which is described in the Club's Privacy Notice and to your using it for the purposes set out in that notice.

I consent to your sending me by email or post, news about the Club and information about events which the Club is promoting or otherwise relevant to my membership. Email (Yes / No)

This completed application form must be returned to the Secretary, with the administration fee of £10.00 and £30 first subscription. (Payment may be made by credit card in the Club Bar or by cheque payable to Swanage Con Club) Payments will be returned only if the application is rejected

Signature Date

Proposer & seconder must have at least two years membership.

Proposer (Print name) Membership N^o

Address

Signature

Seconder (Print name) Membership N^o

Address

Signature

"This form must be fully completed to be valid"