

# MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Current address:

City:

Post Code:

Monthly payment (please tick)

£35

£45

£55

£60

Non Member insurance: £10 yearly

## EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:

Date:

Signature of parent *(only if for under 18 membership):*

Date: