

# BRAMFORD & DISTRICT SOCIAL CLUB

## MEMBERSHIP APPLICATION

I wish to apply for Membership  
The Club reserves the right to refuse application without prejudice

PLEASE PRINT ON FORM

Mr, Mrs, Miss, Ms

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Family Member ( Spouse, Partner, Son, or Daughter only)

Mr, Mrs, Miss, Ms

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Please circle correct amounts:

Full Membership    £25.00    +    Family Membership    £12.50

Application forms to be returned to: The Secretary  
71 - 73 The Street, Bramford, Ipswich IP8 4DX 01473 745198/461881