

# WOODVILLE BOX CLUB MEMBERSHIP FORM

TO BE COMPLETED BY ALL NEW AND RENEWING MEMBERS

MEMBERSHIP NUMBER IF RENEWING

NEW MEMBERSHIP NUMBER

SURNAME \_\_\_\_\_  
FIRST NAMES \_\_\_\_\_  
SEX \_\_\_\_\_  
D.O.B. \_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_  
ADDRESS LINE 2 \_\_\_\_\_  
TOWN \_\_\_\_\_  
COUNTY \_\_\_\_\_  
POSTCODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_  
MOBILE PHONE NUMBER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

DO YOU HAVE A FACEBOOK ACCOUNT? YES  NO  DETAILS \_\_\_\_\_

DO YOU HAVE A TWITTER ACCOUNT? YES  NO  DETAILS \_\_\_\_\_

*I confirm that the above information is correct at the time of signing this form. I understand that this information will be stored securely, only viewed by the committee and not shared with any other third parties. I agree to abide by the club rules and undersatnd that if I do not membership may be revoked.*

SIGNATURE OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

## THE BELOW SECTION IS TO BE COMPLETED FOR NEW MEMBERS ONLY

NAME OF WITNESS MEMBER 1 \_\_\_\_\_  
SIGNATURE OF WITNESS MEMBER 1 \_\_\_\_\_ DATE \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_

NAME OF WITNESS MEMBER 2 \_\_\_\_\_  
SIGNATURE OF WITNESS MEMBER 2 \_\_\_\_\_ DATE \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_

## TO BE COMPLETED BY THE COMMITTEE ONLY

*I confirm that this information will be stored securely, only viewed by the committee and not shared with any other third parties. Annual membership of £14.00 has been received ad a receipt issued. A new membership card has been issued to the member with a membership number.*

NAME OF COMMITTEE MEMBER \_\_\_\_\_  
SIGNATURE OF COMMITTEE MEMBER \_\_\_\_\_ DATE \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_

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## TO BE COMPLETED BY THE COMMITTEE ONLY - MEMBER RECEIPT

*I confirm that this information will be stored securely, only viewed by the committee and not shared with any other third parties. Annual membership of £14.00 has been received ad a receipt issued. A new membership card has been issued to the member with a membership number.*

NAME OF COMMITTEE MEMBER \_\_\_\_\_  
SIGNATURE OF COMMITTEE MEMBER \_\_\_\_\_ DATE \_\_\_\_\_  
MEMBERSHIP NUMBER \_\_\_\_\_