

Cullingworth & District Conservative Club Ltd.

APPLICATION FOR MEMBERSHIP

Name/s

Address

.....

Post Code Date/s of Birth

First applicant

Tel. No

Mobile

E-Mail

Second applicant

Tel. No

Mobile

E-Mail

Occupation/s

Details of Clubs of which you are a member(s)

Have you ever been refused membership of any club? YES/NO

If yes, give details

I/We hereby apply to be admitted as a member of Cullingworth & District Conservative Club Ltd.

and Declare Myself To Be A Conservative Supporter

and so long as I/we remain a Member of the Club pledge to abide by the rules of the Club and do my/our utmost to promote the interests of the Conservative Party.

I/We herewith apply for One Share in the Club at £15 each PAYABLE WITH THIS APPLICATION FORM

If elected to membership I/we agree to pay the amount of £..... per annum as subscription to the club

First applicant

Signed

Second applicant

Signed

Date

Nominated by (Print Name) MEMBERSHIP

No.

Seconded by (Print Name) MEMBERSHIP

No.

Both of whom, from their own knowledge, consider the above person/s a suitable candidate for membership.

PROPOSERS & SECONDEES MUST BE FULL MEMBERS OF AT LEAST 6 MONTHS STANDING