

ECCLESTON WORKING MEN'S INSTITUTE
MEMBERSHIP PROPOSAL FORM

ECCLESTON WORKING MEN'S INSTITUTE
MEMBERSHIP PROPOSAL FORM

I wish to apply for Membership of the above Institute; I agree to abide with all Rules and By-laws now and in the future.

I wish to apply for Membership of the above Institute; I agree to abide with all Rules and By-laws now and in the future.

NOTE: PLEASE COMPLETE FORM IN BLOCK CAPITALS.

NOTE: PLEASE COMPLETE IN BLOCK CAPITALS.

DATE:

DATE:

NAME: Mr/Mrs/Ms

NAME: Mr/Mrs/Ms

ADDRESS:.....

ADDRESS:.....

.....

.....

PROPOSER: **MEM No.**

PROPOSER: **MEM No.**

SECONDER: **MEM No.**

SECONDER: **MEM No.**

Please indicate TYPE of Membership required.

Please indicate TYPE of Membership required.

FULL: **£5** _____

FULL: **£5** _____

SENIOR: **£2** _____

SENIOR: **£2** _____

JUNIOR: **£3** _____

JUNIOR: **£3** _____

(Junior Members MUST be over 14 years)

Junior Members must be over 14years.

FOB: **£5** _____

FOB: **£5** _____

ALL NEW MEMBERS MUST PURCHASE USE OF A FOB.

ALL NEW MEMBERS MUST PURCHASE USE OF A FOB.

THE FOB REMAINS THE PROPERTY OF THE CLUB.

THE FOB REMAINS THE PROPERTY OF THE CLUB.

Please note that a period of 48 Hours must elapse before you are a member of the Club.

Please note that a period of 48 Hours must elapse before you are a member of the Club.