

# NEWNHAM CLUB

## Application for Membership

Mr/Mrs/Miss Forename (s)		Surname	
Address			
Are you over the age of 18?		Signature	
Telephone Number		Date	

To be completed by proposer		To be completed by seconder	
Full Name		Full Name	
Membership Number		Membership Number	
How long have you known the applicant		How long have you known the applicant	
Signature		Signature	

*If the proposer and seconder fields are not completed, your membership application will be under review for 3 months.*

***Please return your completed form to:***

The Club  
High Street  
Newnham on Severn  
Glos  
GL14 1BS

***Or email it as an attachment to:*** [thenewnhamclub@btconnect.com](mailto:thenewnhamclub@btconnect.com)