

HORSHAM CLUB

MEMBERSHIP APPLICATION FORM

Thank you for your interest in joining the Horsham Club. Please fill the application form below and return it to :

MEMBERSHIP SECRETARY, HORSHAM CLUB, CARFAX, HORSHAM, RH12 1EQ.

Your application will be presented to the Club's Committee for approval. If you have any queries please email : membership@horshamclub.com

Annual Subscriptions are £80 per year for Single Membership and £40 for junior membership (under 18). Subscriptions are due on the 1st January each year. Please fill out the Standing Order form below for submission with your Membership Application. Subscriptions for the current year will be pro rated and payable on approval of your application.

APPLICANT NAME	<input type="text"/>	APPLICANT ADDRESS	<input type="text"/>
DATE OF BIRTH	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
OCCUPATION	<input type="text"/>		
MOBILE NUMBER	<input type="text"/>		
HOME TEL NUMBER	<input type="text"/>		
EMAIL ADDRESS	<input type="text"/>		

In the event of my being elected, I agree to abide by the rules of the Club (please sign below).

SIGNATURE	<input type="text"/>
APPLICATION DATE	<input type="text"/>

HORSHAM CLUB

STANDING ORDER MANDATE

PLEASE MARK RELEVANT BOX : NEW INSTRUCTION

<u>ACCOUNT TO BE DEBITED</u>	<u>BENEFICIARY DETAILS</u>
BANK NAME	<input type="text" value="NATWEST"/>
BRANCH ADDRESS	<input type="text" value="HORSHAM CARFAX"/>
SORT CODE	<input type="text" value="6 0 - 1 1 - 1 7"/>
ACCOUNT NUMBER	<input type="text" value="6 2 1 1 7 0 4 1"/>
ACCOUNT NAME	<input type="text" value="HORSHAM CLUB"/>
REFERENCE	<input type="text"/>

<u>PAYMENT DETAILS</u>			
AMOUNT OF FIRST PAYMENT	<input type="text" value="£ 80"/>	DATE OF FIRST PAYMENT	<input type="text" value="1ST JANUARY 2020"/>
AMOUNT OF USUAL PAYMENT	<input type="text" value="£ 80"/>		
AMOUNT OF USUAL PAYMENT IN WORDS	<input type="text" value="Eighty Pounds"/>		
PAYMENT FREQUENCY	<input type="text" value="ANNUALLY"/>	DATE OF USUAL PAYMENT	<input type="text" value="1ST JANUARY"/>
PLEASE CONTINUE PAYMENTS UNTIL FURTHER NOTICE	<input checked="" type="checkbox"/> YES		
CUSTOMER SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
CUSTOMER CONTACT TELEPHONE NUMBER	<input type="text"/>		

(NOTE : ALL WHITE BOXES MUST BE COMPLETED AND THE STANDING ORDER FORM SIGNED)