

Cripplegate Ward Club

Membership Application Form

Please show your details as you would wish them to be printed in the Membership List.
 The Entrance Fee includes a copy of "The History of Cripplegate "
 Please do not send payment with this form

To avoid errors please use type or print in BLACK ink

Name / Title / Decorations / Degrees

Address for Correspondence Including Post Code

Home Telephone

Office Telephone

Mobile Telephone

E-mail Address

Occupation

Freeman / Livery

Rule 3(b) requires that an Applicant should satisfy the Committee of having a direct or indirect interest in the civic, social or business affairs of the Ward of Cripplegate . You are invited to make such interest known in support of your Application

I hereby make Application to be elected a member of the Club in accordance with the Club Rules and agree to pay an Entrance Fee of £20.00 and an Annual Subscription of £23.00 (£18.00 if aged 65 or over) (Date of Birth:[optional] _____) (Applications submitted between 1st July and 31st December qualify for a reduced subscription of £10.00 to give a total payment in the first year of £30.00. Please do not send payment until requested to do so.

Applicant Signature:

Date:

Proposer

Name:

Sig:

Secunder

Name:

Sig:

Master:

Name:

Sig:

Election Date: _____

Print - Complete - Scan - Send as an email attachment to: secretary@cripplegatewardclub.org