

MEMBERSHIP APPLICATION FORM

Wrights Meadow Centre, Wrights Meadow Road, High Wycombe, Bucks, HP11 1SQ

Email: wrightsmeadowcentre@gmail.com Telephone: 01494 527608

All prospective members are required to complete this application form.

Membership to the Wrights Meadow Centre commences from 1st October each year and is payable in advance. Any memberships not paid in full by 31st October will be deemed to have lapsed and a new application will be required.

Only persons over the age of 18 may be members.

Cost: £15 (Full Year) £7.50 (Half year from 1st April) £12 (Renewal for existing members)

MEMBER CONTACT INFORMATION

TITLE Mr Mrs Miss Ms Other, specify:

FULL NAME:

DATE OF BIRTH:

ADDRESS:

POST CODE:

HOME TELEPHONE:

MOBILE PHONE:

E-MAIL ADDRESS:

Declaration: I confirm that I have read, understood and will abide by the rules of WMC. I recognise that breaching the defined rules may impact upon my membership. I understand that membership does not entitle me to any financial share in the centre or its assets.

I understand that WMC will retain these details electronically but will not divulge them to a third party without the members consent.

SIGNED:

DATE:

For completion by WMC

Receipt given Y / N

Application accepted Y / N

Membership No: