

Tel: 01543 374841
Address: 27 King St, Walsall Wood, West Midlands, WS9 9LN

Your Address

Mr/Mrs/Miss/MS (Circle your Title)

First Name _____

Surname _____

Date Of Birth ___/___/___

Address _____

Post Code

--	--	--	--

--	--	--

YOUR (Signature)

Membership Nomination

Proposer (Print Name) _____

Proposer (Signature) _____

Seconder (Print Name) _____

Seconder (Signature) _____

Committee Person (Print Name) _____

Committee Person (Signature) _____

Fee Paid £ . _____

Date: _____ / _____ / _____

Date _____ / _____ / _____

FOR OFFICE USE ONLY

Secretary (Signature) _____

Number Allocated

--

I wish to become a member of the King St Club and if accepted I agree to abide by the rules and regulations of the club. Please allow 14 days before collecting your membership card from the lounge Bar

MEMBERSHIP RENEWALS ARE DUE IN JANUARY EACH YEAR!

Tel: 01543 374841
Address: 27 King St, Walsall Wood, West Midlands, WS9 9LN

Your Address

Mr/Mrs/Miss/MS (Circle your Title)

First Name _____

Surname _____

Date Of Birth ___/___/___

Address _____

Post Code

--	--	--	--

--	--	--

YOUR (Signature)

Membership Nomination

Proposer (Print Name) _____

Proposer (Signature) _____

Seconder (Print Name) _____

Seconder (Signature) _____

Committee Person (Print Name) _____

Committee Person (Signature) _____

Fee Paid £ . _____

Date: _____ / _____ / _____

Date _____ / _____ / _____

FOR OFFICE USE ONLY

Secretary (Signature) _____

Number Allocated

--

I wish to become a member of the King St Club and if accepted I agree to abide by the rules and regulations of the club. Please allow 14 days before collecting your membership card from the lounge Bar

MEMBERSHIP RENEWALS ARE DUE IN JANUARY EACH YEAR!