

2010

MANSFIELD COLLIERY MINER'S WELFARE TRUST.
APPLICATION FOR INDIVIDUAL SPORT MEMBERSHIP.

MEMBERSHIP NUMBER. _____

TITLE~ Mr. ___ Mrs. ___ Miss ___ OTHER. (PLEASE STATE.) _____

SURNAME. _____ **FORENAME. (S)** _____

ADDRESS. _____

TOWN. _____ **POST CODE.** _____

TELEPHONE. HOME. _____ **MOBLE.** _____

EMAIL ADDRESS. _____

DATE OF BIRTH. _____

IF YOU BELONG TO ANY OF OUR SPORTS TEAMS WOULD YOU PLEASE INDICATE BY TICKING THE APPROPRIATE BOX BELOW.

FOOTBALL.	BOWLS.	CYCLING.	TRIATHLON.	KARATE.	OTHER.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I APPLY FOR MEMBERSHIP OF THE MANSFIELD COLLIERY WELFARE TRUST, THE BUSINESS OF WHICH IS CARRIED ON BY THE MANSFIELD COLLIERY WELFARE TRUST, A CLUB GUARANTEED. ANY PERSON FOUND TO HAVE PROVIDED FALSE INFORMATION ON THIS APPLICATION FORM MAY HAVE THEIR MEMBERSHIP WITHDRAWN.

SIGNATURE OF APPLICANT. _____

PLEASE PRINT YOUR NAME. _____

DATE. _____

PROPOSED BY. _____

SECONDED BY. _____

MEMBERSHIP FEE RECEIVED BY. _____

MEMBERSHIP OF COMPANY APPROVED BY. _____

PLEASE COMPLETE THE REQUIRED INFORMATION TO HELP US TO COMPLY WITH THE REGULATION'S