



OVER 55's LUNCHEON CLUB REGISTRATION FORM

PLEASE COMPLETE FULLY BLOCK CAPITALS

TITLE Mr Mrs Miss Ms Other

FIRST NAME.....LAST NAME.....

Married Single Widower Widow Divorced Separated

ADDRESS.....

ADDRESS.....

POST CODE.....PHONE NUMBER..... Please Include Area Code

DATE OF BIRTH.....PLACE OF BIRTH.....

e-mail...(If applicable).....

NAME OF GP.....

AND / OR

GP Phone Number **or** SURGERY.....

NEXT OF KIN

NAME.....

PHONE NUMBER **or** ADDRESS.....

APPLICANT SIGNATURE.....DATE.....

Membership Card Number
Administration Only

PLEASE NOTE:-
IT IS A LEGAL REQUIREMENT TO HAVE THE ABOVE DATA ON ANY PERSON
WHO BECOMES A MEMBER OF THE OVER 55's LUNCHEON CLUB

If you wish to cancel your Membership at any time Please **inform the membership secretary or any committee Member.**

There is no yearly subscription.

*For further Information Please Contact
Maurice Kidney, Membership Secretary
Telephone:- 01422 343483
e-mail maurice.kidney@sky.com*