

Membership Application Form

PLEASE PRINT IN BLOCK CAPITALS

DATE:

MR/MRS/MISS
NAME _____

ADDRESS _____

OAP (Please Tick)

- YES
 NO

Proposed by
NAME _____ MEMBERSHIP NUMBER _____

Seconded by
NAME _____ MEMBERSHIP NUMBER _____

DECLARATION

**I am desirous of becoming a member of Kidderminster Harriers Social and Supporters Club and should i be successful I undertake to abide by the rules of the club, which I understand may be amended from time to time. I am aware that my details will be placed on the membership computer and these details will not be given out without my permission.
I DECLARE THAT I AM OVER 18 YEARS OF AGE**

Signed _____

Please note that membership applications will be put before the committee. No membership cards will be issued until they have been cleared by the committee. Membership expires on 31st October each year.

Membership Number Allocated _____

Membership cards will be available for collection from 8PM-10PM any evening.

