

MEMBERSHIP APPLICATION FORM

We the undersigned both being members of the Midland Band Club and Institute hereby nominate
(PLEASE USE BLOCK CAPITALS)

NAME _____
ADDRESS _____
_____ D.O.B _____

**I HEREBY GIVE PERMISSION TO INFORM ME OF EVENTS AND CLUB BUSINESS VIA CONTACTS LISTED BELOW.
THESE CONTACT DETAILS WILL NOT BE USED FOR ANY OTHER PURPOSE OR PASSED ON TO ANY OTHER PARTIES**

HOME TELEPHONE _____ MOBILE _____
EMAIL _____

TO BE CONSIDERED FOR MEMBERSHIP OF THE MIDLAND BAND CLUB AND INSTITUTE

PROPOSER

NAME _____
ADDRESS _____
_____ MEMBERSHIP No _____

SECONDER

NAME _____
ADDRESS _____
_____ MEMBERSHIP No _____