

Please complete this form and return, together with your cheque (payable to Braintree LTC) to :Sue Spinks, 14 Harold Road, Braintree, CM7 2RU.

Members Names	Type of Membership (e.g Family, Senior etc)

Address

Post Code

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Home Telephone Number	
Work Telephone Number	
Mobile Telephone Number	
E-mail address	

Contact name and no. in case of emergency:

Name:	No:
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I do/do not hold a club key
 I understand that the above details will be held on computer for the purpose of contacting me regarding BLTC business. The information will not be released to anyone outside the Club without my authorisation.

Signed

Date _____
 Fee enclosed _____

Please tell us where you heard about Braintree LTC:



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