

Please complete this form and return, together with your cheque (**payable to Braintree LTC**) to :Barbara Fleet, 60 London Rd Braintree CM7 2LH.

| Members Names | Type of Membership e.g.Family, senior etc | DOB if Under 18 |
|---------------|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Address

| |
|------------------|
| |
| |
| |
| |
| Post Code |

| | |
|-----------------------------|--|
| Home Telephone No. | |
| Work Telephone No. | |
| Mobile Telephone No | |
| E-mail Address | |
| Parent/Guardian Name | |

I do/do not hold a club key. Please delete as appropriate.

I understand 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