

# PEGASUS CLUB OF CORYTON

*Application for Associate Membership*

Date:- \_\_\_\_\_

Full Name:- Mr. Mrs. Miss \_\_\_\_\_

Address:- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel No:- \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email Address:- \_\_\_\_\_

Number of Children & Ages \_\_\_\_\_

The Sport You Are Interested In:- \_\_\_\_\_

PHOTOGRAPH

PHOTOGRAPH

**Proposer:** Full Member

**Seconded:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership No:- \_\_\_\_\_

Membership No:- \_\_\_\_\_

Signature:- \_\_\_\_\_

Signature:- \_\_\_\_\_

**PLEASE USE ONLY BLOCK CAPITALS – ILLEGIBLE OR DAMAGED FORMS WILL BE REJECTED**

**ON COMPLETION PLEASE RETURN TO CLUB OFFICE**

*Herd Lane, Corringham, Essex. SS17 9BJ*

**Tel: 01375 672205**

**Fax: 01375 360909**

Please include 2 passport size photographs

**OFFICE USE ONLY**

**Application No.** \_\_\_\_\_

*Date of receipt:-* \_\_\_\_\_

*Signed:-*  
*Club Manager* \_\_\_\_\_

*Chairman* \_\_\_\_\_

*Application Received:-*

*Date:-* \_\_\_\_\_

*Signature:-* \_\_\_\_\_

**To be returned to applicant on receipt of Application Form**