



Membership Application Form

First Name:	
Surname:	
Date of Birth:	
Home Address:	
Postcode:	
Email Address:	
Tel: Mobile / Landline:	
In Full Time Education? (Y/N)	
Emergency Contact Name:	
Relationship:	
Emerg Contact No:	
Applicant's Signature:	
Date:	
Introduced by: (if applicable)	

Please email to: enquiries@wsmpetanqueclub.co.uk

or hand in to a committee member or member at the Sea Gardens Piste.

Club use only:

Date of Joining:

Fee received:

Membership No: