

NEW MEMBERSHIP NO.: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

**STANSTED MOUNTFITCHET SOCIAL CLUB**  
12 Lower Street, Stansted Mountfitchet, Essex CM24 8LP Tel: 01279 812992

**MEMBERSHIP APPLICATION FORM**

I wish to apply for membership of Stansted Mountfitchet Social Club and agree to abide by the bylaws thereof.

NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

TEL/MOBILE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I hereby agree to the Club retaining my personal information in accordance with the Club's Privacy Policy, and agree that from time to time I may be contacted by the Club with details of events and promotions organised by the Club and select third party organisers.

APPLICANTS SIGNATURE: \_\_\_\_\_

PROPOSER: \_\_\_\_\_ MEMBERSHIP NO.: \_\_\_\_\_

SECONDER: \_\_\_\_\_ MEMBERSHIP NO.: \_\_\_\_\_

All sponsors must have been a Member of the Club for a minimum period of one year and be a fully paid up member. A non-returnable deposit of £5.00 is to be paid on completion of this form and prior to attending an interview with the Committee

In order for the Club to tailor specific events and promotions to members please indicate which of the following are of interest :-

**Sports**

Football	<input type="checkbox"/>
Rugby Union	<input type="checkbox"/>
Cricket	<input type="checkbox"/>
Formula 1	<input type="checkbox"/>
Tennis	<input type="checkbox"/>
Golf	<input type="checkbox"/>
Boxing	<input type="checkbox"/>
Horse Racing	<input type="checkbox"/>
Snooker	<input type="checkbox"/>
Pool	<input type="checkbox"/>
Darts	<input type="checkbox"/>

**Lifestyle**

Live Music	<input type="checkbox"/>
Theatre	<input type="checkbox"/>
Karaoke	<input type="checkbox"/>
Real Ales	<input type="checkbox"/>
Wine	<input type="checkbox"/>
Craft Gin	<input type="checkbox"/>
Whisky	<input type="checkbox"/>
Gardening	<input type="checkbox"/>
Barbecues	<input type="checkbox"/>
Curry Nights	<input type="checkbox"/>
Day trips	<input type="checkbox"/>

Other (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_



**Deposit Paid**

**Received by:** \_\_\_\_\_

As a prospective Member, please attend a Members' interview on:

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

Time: \_\_\_\_\_

If you are unable to attend please inform the Secretary on 01279 812992 as soon as possible.