

MEMBERSHIP NO.: _____

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

MEMBERSHIP RENEWAL FORM

Please complete the form below to ensure we have your correct and up-to-date details on record. Thereafter please return it to a member of the Bar Staff with your payment.

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

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.

MEMBERS SIGNATURE: _____

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

<u>Sports</u>		<u>Lifestyle</u>	
Football	<input type="checkbox"/>	Live Music	<input type="checkbox"/>
Rugby Union	<input type="checkbox"/>	Theatre	<input type="checkbox"/>
Cricket	<input type="checkbox"/>	Karaoke	<input type="checkbox"/>
Formula 1	<input type="checkbox"/>	Real Ales	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	Wine	<input type="checkbox"/>
Golf	<input type="checkbox"/>	Craft Gin	<input type="checkbox"/>
Boxing	<input type="checkbox"/>	Whisky	<input type="checkbox"/>
Horse Racing	<input type="checkbox"/>	Gardening	<input type="checkbox"/>
Snooker	<input type="checkbox"/>	Barbecues	<input type="checkbox"/>
Pool	<input type="checkbox"/>	Curry Nights	<input type="checkbox"/>
Darts	<input type="checkbox"/>	Day trips	<input type="checkbox"/>
Other (please specify) _____		Other (please specify) _____	



Renewal Paid _____

Received by: _____

Membership No.: _____

Date: _____

Time: _____