

*Application Form*

Surname  Forename

Address

Occupation

Company

Telephone (Home)  (Work)

email address:

Tick to receive notice of special offers and additional information on the hotel's facilities

Type of Membership applied for

**Please give the name of all persons to be covered in the membership**

Mr/Mrs/Miss  Date of Birth

Mr/Mrs/Miss  Date of Birth

Mr/Mrs/Miss  Date of Birth

Mr/Mrs/Miss  Date of Birth

Mr/Mrs/Miss  Date of Birth

Payment Method: (Please Tick) Cash  Cheque  Credit Card

Visa/Mastercard/Laser Credit Card No.

Exp Date  Cardholder Signature

Signature  Date

For **Office** use only

Membership ID no.1

no.2

no.3

no.4

no.5

Expiry date

All enquiries to: **The Membership Secretary**