

APPLICATION FOR MEMBERSHIP

I wish to be enrolled as a member of the Biggleswade and District United Services Association and, if accepted, undertake to abide by the Constitution Rules and Bye-laws and endeavour at all times to further the principles of the Association.

I certify that the details given below are correct.

SURNAME.....CHRISTIAN NAME(s).....

DESIGNATION (MR/MRS/DR/RANK etc.....

ADDRESS.....

.....POST CODE.....

TELEPHONE NO WITH CODE.....DATE OF BIRTH.....

.....

SERVICE PARTICULARS IF APPLICABLE

SERVICE.....

BRANCH.....

REGIMENT.....

DATE JOINED.....DATE OF DISCHARGE.....

APPLICANT'S SIGNATURE.....

DATE.....

PROPOSED BY - NAME.....SIGNATURE.....

SECONDED BY - NAME.....SIGNATURE.....

DATE..... DATE.....