

# WESTBOURNE CONSERVATIVE CLUB - MEMBERSHIP APPLICATION FORM

DATE	TITLE	FIRST NAME	LAST NAME			
ADDRESS						
POST CODE		OCCUPATION		DATE OF BIRTH		
TELEPHONE		MOBILE		EMAIL		
DECLARATION: I hereby undertake, if elected, to conform to the rules and regulations of this club, and hereby declare that my political opinions are in general accord with the Conservative Party.						
Have you ever been expelled from or refused entry to any club?				(please circle)	YES	NO
Would you like to receive an EMAIL notifying you of what's on?				(please circle)	YES	NO
Would you like to pay for Affiliated Membership?				(please circle)	YES	NO
Would prefer a morning or evening interview				(please circle)	11:00am	6:30pm
Applicant Signature						
PROPOSED BY (Print name)		MEMBERSHIP NUMBER		SIGNATURE		
The proposer must be prepared to ensure that the applicant, on acceptance as a new member, is aware of, and complies with, the rules of the club.						
SECONDED BY (Print name)		MEMBERSHIP NUMBER		SIGNATURE		
OFFICIAL USE ONLY						
VETTED BY		MEMBERSHIP No		DATE		SIGNATURE
VETTED BY		MEMBERSHIP No		DATE		SIGNATURE
JOINING FEE	MEMBERSHIP SUBS	ONE SHARE	INT AFF FEE		TOTAL	DEPOSIT PAID
£20	£ .	13p	£3		£	£
					TOTAL TO PAY (LESS ANY DEPOSIT)	
					Please attach till receipt £	
APPROVED BY COMMITTEE		MEMBERSHIP NUMBER ISSUED		IA NUMBER ISSUED		
YES / NO						

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