

MUWSC



EST. 2018

MUWSC MEMBERSHIP APPLICATION FORM

Please complete all sections of the form in **BLOCK CAPITALS** and return via email to:

All members MUST complete a membership form.

First Name:

Surname:

Address:

Postcode:

Email:

Are you willing to be contacted regarding proxy voting rights?
Yes/No

Are you a Season Ticket Holder? Yes/No

Please tick the appropriate box to confirm your membership type.

Adult

Over 65

Junior (under 16) DOB

I wish to become a member of MUWFC Barmy Army and agree to abide by its rules and policies.

Signed:

Date:

The rules, terms and conditions of membership of MUWSC are available on request