



APPLICATION FOR MEMBERSHIP



P.O. BOX GE 135
ST. GEORGE'S GE BX
24 CUT ROAD
ST. GEORGE'S GE 04, BERMUDA
TEL. (441) 297-1612 FAX. (441) 297-2839

DATE _____

Full Payment \$ _____

Receipt # _____

Name in Full _____
(Surname) (Christian Name)

Telephone No. (Home) _____ (Work) _____ Fax: _____

Address _____ Nationality _____

Mailing Address _____ Married/Single _____

Profession _____

Candidate's date of Birth _____ Active Membership _____

Wife's Name _____ Junior Membership _____

Children under 18 _____ D.O.B. _____ Associate Membership _____

_____ D.O.B. _____ Non-Resident Membership _____

Name of Club(s) which the candidate is or has been a member: _____

Active Membership Fee and dues in full payment _____ State sport or skills in which candidate has particular interest: _____

Junior Membership Fee and dues in full payment _____

Associate Membership Fee and dues in full payment _____

Non Resident Membership Fee and dues in full payment _____

**Membership Fee and dues to be paid monthly _____

**Signature of Candidate for this form of payment: _____

(Note memberships fee and dues paid monthly will not entitle candidate to full Active Membership until full payment for fees and dues has been made.)

Comments of Proposer or Seconder _____

Signature of Proposer _____

Signature of Seconder _____