



MEMBERSHIP APPLICATION FORM

Mr/Mrs/Miss

Forename(s)

Surname

Full Address

.....

.....

Post code. Tel. No.

Occupation:-

Proposed by:-

Seconded by:-

Proposer & Seconder must be existing members of at least one years standing.

This completed form should be returned to the Secretary for consideration at the next Committee Meeting.

Should my membership be approved, I agree to abide by the rules of the “CorksCru Wine Society” as laid down in its ‘Rules and Administrative Procedures’.

Signed:- Date:-