Liberty Elite

MEMBERSHIP / GUEST
Application Form

Date: _____

Membership Type: Couple ☐ Single Gent ☐ Single Lady ☐ Event: _____

Membership No: _____ ID Checked: _____

MALE DETAILS	Please print clearly in BLOCK CAPITALS
Surname:	
First Name:	
No. / Street:	
City:	
Postcode:	
DOB:	/ /
Telephone:	
Mobile:	
Email:	
Profile Name:	

FEMALE DETAILS	Please print clearly in BLOCK CAPITALS
Surname:	
First Name:	
No. / Street:	
City:	
Postcode:	
DOB:	/ /
Telephone:	
Mobile:	
Email:	
Profile Name:	

I/we hereby agree that:- ✓

- The nature and activities of the club have been described to us and that we are not being unduly influenced or coerced by any third parties to take part in its activities. ☐
- My/our details will be held on both paper and electronic file and may only be used by the club for marketing purposes. ☐
- I/we will abide by the club rules (a copy of which is available upon request). ☐
- I/we will show the due discretion for anonymity to other members and guests that we expect ourselves. ☐
- I/we will respect the confidentiality of other members and guests. ☐
- I/we understand that at management discretion this application may be rejected, fee returned and no explanation may be forthcoming. ☐

Male Signature:	**Female Signature:**