

SWAFFHAM BRIDGE CLUB

Application for Membership

Title (eg Mr, Mrs, Ms):

First Name:

Surname:

Postal Address

Postcode:

Under the General Data Protection Regulations you must give your permission by answering Yes or No as indicated for the disclosure of your contact information in Club publications such as the Members/Fixtures Booklet. Postal addresses will not be disclosed.

LANDLINE NO:

Disclose YES/NO

MOBILE NO:

Disclose YES/NO

Email ADDRESS:

Disclose YES/NO

Proposed by:

Seconded by:

Date:

I apply to become a member of Swaffham Bridge Club and confirm that I have read and accept the Club Constitution (found on our webpage via bridgewebs.com) and also follow the Swaffham Bridge Club Etiquette guidelines.

NAME (Print):

SIGNATURE:

DATE: