|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME:** | **TITLE** | | | |
| **FIRST NAME** | | | **SURNAME** | |
| **ADDRESS:** | | | | |
|  | | | | |
|  | | | | |
| **POSTCODE** | | | | |
| **TEL NO:** | | | | **MOBILE NO:** |
| **E-MAIL ADDRESS:** | | | | |
| **CARER’S DETAILS:** | | **NAME** | | |
| **PLEASE NOTE:**  **1. All information supplied will be kept completely confidential and will not be shared with any outside organisations.**  **2. Egham Constellations accept no responsibility for injury or the loss or damage to possessions caused in any way.**  **3. I have read and agree to abide by Egham Constellations’ Rules and Regulations.**  **4. I have provided the correct information to all of the questions above.**  **Signed:**  **Dated:** | | | | |

**AL:**

Member’s Residency: RUNNYMEDE - FREE OUTSIDE BOROUGH - £2 p/w

**EC:**

Membership: ANNUAL - £10 TEMPORARY - £5 GUEST- £1 p/w