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| --- | --- |
| **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