

# APPLICATION FORM

Mr

Mrs

Miss

Full Name

Contact Tel No:

Email:

Address:

Postcode:

Occupation:

Date of Birth:

## MEMBERSHIP TYPE & PAYMENT METHOD - TO BE FILLED OUT BY RAVENMEADOW

PAY MONTHLY:

ANNUAL:

Category of Membership:

Membership Start Date:

Balance: (Including admin fee)

Renewal Date:

	Up-Front	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 12
7 Day Gold	145	65	65	65	65	65	65	65	65	65	65	65
7 Day Senior	129	57	57	57	57	57	57	57	57	57	57	57
5 Day	129	57	57	57	57	57	57	57	57	57	57	57
7 Day 18-30	99	42	42	42	42	42	42	42	42	42	42	42

PAYMENT METHOD

MEMBERSHIP NO.

PROCESSED BY:

## ADDITIONAL INFORMATION

Do you have a CDH no.?

If yes what is it:

Our Membership year runs 1st September to 31st August -Membership fees can be Pro - Rata + the admin fee of £15

Our Direct Debits are collected on our behalf by [GoCardless](#).

You will receive an email requesting you to set up your direct debit.

The minimum term is 12 months and will continue thereafter unless you cancel your membership giving 1 months notice.

The membership payment consists of 1 initial payment for month 1 & 2, admin fee, and then a further 10 months of membership fees. The initial fee must be paid in advance at the till

## MEMBERS DECLARATION

I will abide by the rules set down in the constitution:

Date:

Signed (Junior memberships must be signed by an authorised guardian)