

Membership Application

Oaklands Sun Club Leicester All information is treated in confidence

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ļ	APPLICANT 1	Α	PPLICANT 2
Mr/Mrs/Ms	1	Mr/Mrs/Ms	
Surname		Surname	
Forename	F	Forename	
Address		Address	
-			
-			
-			
Postcode	F	Postcode	
Tel No:	-	Tel No:	
Date of Birth	[Date of Birth	
Email address	E	Email address	
CCBN Member	Y/N Number:	CCBN Member Y	/N Number:
Do you have children who you will bring to the Club? YES/NO			
Children's Detail Name	s Date of Birth	Name	Date of Birth
	Date of Birth		
Name		Name	Date of Birth
Name	Date of Birth	Name	Date of Birth
Are you, or have you been a member of a naturist club?			
Applicant 1	YES/NO	Applicant 2	YES/NO
If yes, which club/	′s?		
How did you learn about Oaklands?			
5 Analisent 1		Applicant 2	
• •	YES/NO	Applicant 2	YES/NO
If your answer is yes please state who Please use the space below for any aditional information you may wish to add.			
Please use the spa	ace below for any aditional information	on you may wish i	LO AUU.
I understand that the first years subscription is payable immediately and I am willing to help in the work of site maintenance and go to at least two of the work Sundays per year, these being held on the first Sunday of each month, excluding Bank Holidays		(Committee use only
		Date Received	
		Date Discussed	Waiting List Y/N
Signed:		Visit: Y	/N
Date:		Visitor appointed]
Signed:		Agreed/Refused	
Date:		Date Notified	