ROYAL BRITISH LEGION

Halstead Royal British Legion Club Membership Form

PLEASE PRINT

Title.....Name:.....Date of Birth.....

Address:.....

.....Post Code:.....

Home Tel No:.....Mobile Tel No:.....

E Mail:.....

Signature:.....Date:.....
.

Membership Fee Paid:.....Cash or Card (delete as required)

Name of Person Receiving Payment:.....

Date Membership Form & Payment received:.....

For Office Use Only

Receipt No:.....Till ID No:..... Membership No:.....

Loyalty Card No: .....Share Certificate No:.....

Date Issued:..... Club Secretary Signature:.....

Date Processed:.....