

FULL MEMBERSHIP FORM

MEMBERSHIP STATUS	RENEWAL / NEW
	(CROSS THROUGH/DELETE TYPE NOT RELEVANT)
FULL NAME	
ADDRESS	
E-MAIL	
MOBILE	
HOME TEL	
DOB	
I AGREE TO ABIDE BY THE RULES (OF THE CLUB
(X /Tick TO CONFIRM)	
I AGREE FOR THE CLUB TO CONTACT ME USING ANY OF THE DETAILS ABOVE. THE CLUB WILL NOT PASS ON THE ABOVE INFORMATION TO ANY THIRD PARTY	
SIGNED	
DATE	
NAME OF REFERRING MEMBER (if applicable)	
AUTHORISED BY/DATE TO BE COMPLETED BY MSSC APPROVED PERSON	YES / NO
PAYMENT RECEIVED TO BE COMPLETED BY MSSC APPROVED PERSON	YES/ NO