

ASSOCIATION of SPEAKERS CLUBS

EAST/ NORTH NORFOLK SPEAKERS CLUB

MEMBERSHIP APPLICATION.

Location of Club.

North Walsham, Norfolk

Surname.

First Name

Middle Initial

Address Line 1

Address Line 2

City

County

Country.

Home Telephone

Mobile Telephone

Work Telephone

E-Mail Address

This information will not be passed on to any commercial operation.

MEMBERSHIP FEE (Current).....£5.00

PAYMENT WILL BE DUE ON THE 1ST OF EACH MONTH AFTER JOINING.

PAYMENT IS TO BE BY STANDING ORDER OR DIRECT DEBIT.

BANK SORT CODE

ACCOUNT NO

ACCOUNT NAME

30-98-97

47669468

NORTH NORFOLK SPEAKERS

Signature:

Membership Agreement: I agree to abide to the principles of Association of Speakers Clubs. These are established by the **committee of members who hold office in respect of the proper running for the members of North Norfolk Speakers, as part of the Association of Speakers Clubs.**

Signed:

Signed:

APPLICANT

CLUB OFFICER

The validation of this document is ensured, by both verified signatures .

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