

**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. Post Code.

City County. Country.

Telephone: Home Mobile Work.

E-Mail Address:

None of this information will be used outside ASC.

MEMBERSHIP FEE(Current).....£10.00

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 The 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 signature.**

[www.northnorfolkspeakersclub.org](http://www.northnorfolkspeakersclub.org) (1st Revise).