



17 Queensway, London W2 3QP

MEMBERSHIP YEAR 1ST JANUARY 20__ TO 31ST DECEMBER 20__

Please complete in BLOCK CAPITALS and include your Postcode in the address and contact telephone number/s (land &/or mobile) and email.

Email:

Mr/Mrs/Miss/Ms (Full name):

Address:

.....

..... Post Code:

Telephone : Mobile :

I would like to apply for *election as a new member/for re-election of Queens Ice Dance Club. *(Delete where applicable)

I have passed the following NISA tests:

I belong to the following clubs:

Signed: Date:

I enclose my cheque payable to Queens Ice Dance Club for £

Full member £15.00

Junior member (under 16) £10.00

Signing this application confirms your agreement to the Club holding the above information in a database for Club purposes only.

Please return the completed form to:

John Faulkner (QIDC) c/o Keelings, Broad House, The Broadway, Old Hatfield, Herts AL9 5BG