

## Probus Club of Harpenden

## **MEMBERSHIP APPLICATION FORM**

I hereby apply for	or men	nber	ship of the ab	ove Club. <i>U</i>	se tab to n	nove fro	om field to field
Name:							
Address:							
Town/City: Harpe		arpe	nden	County:	Herts		Post Code:
Tel Number:					Mobile		
Email:							
Occupation ar position held retirement:		to					
Date of Retirement:			Date of Birth:				
Partner's First	ne:						
Interests/Hobbies:							
Special Dietary Requirements:							
Signature of Applicant:						Date:	:
Proposed By:				Signature:		Date:	
Seconded By:			Signature:		Date:	ite:	
Please post to Bob Fletcher, 71 Alzey Gardens, Harpenden, AL5 5SY. Tel 763036. Please phone first if you do not know anyone in the club to act as proposer.							
Social Events							)CI .
Please identify the areas of the				Lunch Speakers			
club you would want to help to organize (please tick at least one)			Monthly Lunches				
			Walking Group				
This information v				he Probus Club	of Harpende		lies with the terms of the GDPR ent.