

FOR OFFICE USE ONLY	
Subscription cheque	
Form checked	
Date received	



LT
Region:

Full Membership Application

Mrs/Ms/Miss.....Surname	Business Name
First Name(s).....	Business Address.....
Home Address.....
.....
Postcode	Postcode
Tel No.....	Tel No.
Fax No.....	Fax No.....
Email	Occupation.....
Mobile No.....	Position.....
Date of Birth.....	Nature of Business.....

Please indicate to which address mail is to be sent Home Office

Please indicate if you would like your telephone , mobile phone , fax and email address to be included in the Members' Directory?

Are you interested in the following activities?

Bridge <input type="checkbox"/>	Cricket <input type="checkbox"/>	Floristry <input type="checkbox"/>	Food & Drink <input type="checkbox"/>	Gardening <input type="checkbox"/>
Golf (playing) <input type="checkbox"/>	Horses <input type="checkbox"/>	Music/Opera/Ballet <input type="checkbox"/>	(Running) Marathons <input type="checkbox"/>	
Rugby <input type="checkbox"/>	Tennis <input type="checkbox"/>	Theatre <input type="checkbox"/>	Travel <input type="checkbox"/>	

What particular interests do you have, and how do you feel you can specifically help the Charity achieve its aims and objectives?

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.....

.....

Which events have you attended?.....

.....

How did you hear about The Lady Taverners?.....

Are you currently involved in any charitable or other similar organisations? Yes No

If so, please give details*.....

.....

* Please note we cannot offer membership to any lady who is professionally employed by another charity, particularly in a fundraising capacity.

Are you able to help with or provide contacts for:-

Raffle & Auction Prizes

Sponsorship

Advertising

Do you feel you can help by:-

Attending Events

Helping to organise a Regional Event

Helping a Treasurer

Actively participate in events with disabled young people

Speaking at events (please specify).....

.....

TO BE COMPLETED BY THE PROPOSER

I have known the applicant for.....year(s) and recommend them for membership to The Lady

Taverners for the following reasons:-

.....
.....
.....

Proposer's Signature.....

Name (in block capitals please).....

Membership No..... Date.....

TO BE COMPLETED BY THE SECONDER

I have known the applicant for.....year(s) and recommend them for membership to The Lady

Taverners for the following reasons:-

.....
.....
.....

Seconders's Signature.....

Name (in block capitals please).....

Membership No..... Date.....

I am applying for Full membership of The Lady Taverners and undertake to do all that I can to assist The Lady Taverners in their work *to give young people, with special needs, a sporting chance.*

I enclose my cheque in payment of my first year's subscription of £95

I will pay my future subscriptions by Direct Debit and enclose the completed mandate with my application

Signature of Applicant..... Date.....

Please forward completed form to:

The Membership Secretary
The Lord's Taverners
10 Buckingham Place
LONDON
SW1E 6HX
www.lordstaverners.org