

Camping Club Youth Application Form

This form is valid until 31st March 2010

Title

First Name Surname

Address

Town County

Postcode

Home Tel no. Mobile Tel no.

Email

Age Date of birth Male Female

District Association I wish to become an opted member of _____ District Association (if applicable)

Is your parent a Club member? Yes No

Membership no.

If your parent or guardian is not already a member of the Club, you must be sponsored by a current member who is required to sign the following declaration:

I confirm that the above person is known to me and consider him/her suitable as an applicant for Club membership.

Title

First Name Surname

Signed _____ Membership no:

I apply for annual Youth membership as indicated below and agree to abide by the members' rules.

Signature of applicant _____ Date _____

Signature of parent/guardian _____ Date _____

Please tick any Special Interest Sections you would like to join. Section membership is **FREE**.

Association of Lightweight Campers	<input type="checkbox"/>	British Caravanners' Club	<input type="checkbox"/>
Canoe Camping Club	<input type="checkbox"/>	Folk Dance and Song Group	<input type="checkbox"/>
Mountain Activity Section	<input type="checkbox"/>	Photographic Group	<input type="checkbox"/>
Trailer Tent and Folding Camper Group	<input type="checkbox"/>		