



Additional information for Student Membership

Please complete as fully as possible in order for the club to make a decision on discounting your membership

Mr./Mrs./Ms _____ Surname _____ First Name(s) _____

Tel no: Home _____ Work _____ Mobile _____

Email Address

Course Title: _____

Length of course _____

Please state if you are in 1st, 2nd etc year of course _____

Name of College/Uni _____

Is the course full or part-time? _____

If part time, how many hours a week contact time do you have at college _____

Please provide original confirmation letter from college/Uni confirming your place on your chosen course.

I confirm the above details are correct.

Signature _____ Date _____

FOR OFFICE USE

Date received.....Approved

Documents viewed.....

Comments.....

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