

West Kent IVC

APPLICATION FOR FULL MEMBERSHIP

Prospective members of West Kent IVC must have attended at least three activities and be known to two committee members before an application for membership can be considered.

Mr/Mrs/Ms _____ Forenames _____ Last Name _____

Address: _____

Home Phone: _____

Mobile Phone: _____

E-Mail Address: _____

A membership list is produced several times a year for all full members. Please tick below those details that you **DO NOT** want to be included with your name.

Address _____ Home Phone _____ Mobile Phone _____ E-mail Address _____

Member of another Inter-Varsity Club? Yes / No If yes, which _____

Three events you have been to and obtained event organiser signatures at those events:

1. _____ Signature _____ Date ___ / ___ / ___

2. _____ Signature _____ Date ___ / ___ / ___

3. _____ Signature _____ Date ___ / ___ / ___

Data Protection Act: The information supplied on this form will be stored on a computer to facilitate bulletin distribution and club administration. Your signature below will be taken as permission for this.

I hereby apply for full membership of West Kent IVC. I agree to abide by the rules of the club as laid down in the Constitution, which is available for inspection on application to the Secretary. I acknowledge that it is my responsibility to arrange my own transport to and from club events.

I enclose with this application for **Full Membership** a cheque for **£25.00** payable to **West Kent IVC**.

I understand that this fee will be returned if this application for full membership is not accepted by the Committee of West Kent IVC. I acknowledge that West Kent IVC reserves the right to refuse this membership application without assigning any reason. I confirm that I am over 18 years of age.

Signed _____

Date ___ / ___ / ___