



Membership Application Form

Your personal details

First name

Last name

Email address

Your home address. If you are a student enter your term-time address

No. and street

Town or city

Postcode

If you are joining with your company please enter the company name.

Company

Date of Birth Day Month Year

Telephone

County

Your preferences

We would like your agreement to contact you from time to time with news, member updates, competitions and offers. To read our privacy policy please visit <http://www.hurricaneroom.co.uk/privacy-policy/> Please tick all of the ways we may contact you. (Optional)

Email Telephone Post

Agreement signature

By signing this form you agree that you have read and will abide by the members rules. You also agree that if any of your personal details change while you are a member you will promptly contact us and inform us.

Signature

Day Month Year

How did you find out about us? (Optional)

Friend Internet search Passed by Leaflet /Ad Former member Group event guest

Other

FOR OFFICE USE ONLY

Membership Card No.

Expiry date

Location Kings Cross Colindale Acton Tooting

Proof of age checked Yes Student ID

Membership type Full Student Under 18 Company Senior Other

Amount paid £

Staff name

Notes

Added to Mailing List or not? No permission Yes

Added to Mem Sec