

## **EXETER FLOTILLA - APPLICATION FOR ASSOCIATE MEMBERSHIP**

NAME			
ADDRESS			Post Code
TELEPHONE	Home:	Mobile	
EMAIL			
DATE OF BIF	RTH		
BACKGROU	ND		
PROFESSIO	N		
QUALIFICAT	IONS (with dates)		
DECORATIO	NS		
Golfer? Yes/N	lo Handicap		
NAME OF IN	TRODUCING MEMBER		
CONDITIONS			
	<ul> <li>a full member</li> <li>ng(s) as the guest of a full me</li> </ul>	ember before applying	
	J.,		num of two meetings within six
•	probationary period (six mor	, .	
During the pro	obationary period, pay half of	f the annual Subscription	Fee.
By applying fo	or membership I consent to tl	he Exeter Flotilla's Data P	rotection Policy.
Signed		Dated	

OR: Copy the completed form. Go to 'Contact' on the website dashboard and paste your application into the message area. Press the button to send to the Membership Secretary.

Please email this application form to: membership@exeterflotilla.org.uk