



APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

Please complete neatly and clearly (use block capitals if possible)

NAME: _____

Date of Birth: _____

Address: _____

Phone Numbers: Home: _____

Mobile: _____

Email address: _____

School Attended: _____

I wish to apply to become an Associate Member of The No Name Club. I agree to be bound by its Rules and Regulations. I also accept that from time to time my photograph may appear in the various No Name Club publications and on the Website.

Signature: _____

Date: _____

Parent's Signature
(to indicate consent): _____

Date: _____