



PROBUS CLUB OF KEMPSTON

MEMBERSHIP PROPOSAL FORM

Please complete in block capitals and return to the Secretary (details on our Contacts page)

Name:

Address:

..... Post Code

Telephone Number:.....Date of birth.....

Email address:.....

Mobile phone number:.....

Nature of former profession or business:.....

Signature:..... Date:.....

Name of proposer:.....

Signature:..... Date:.....

Name of seconder:..... Date:.....

Spouse /partners forename and birthday (for a Probus birthday card):

Name..... Birthday.....

Any special dietary requirement (e.g. vegetarian) Member

Spouse /Partner

We meet for Luncheon on the second Tuesday of the month

Comments by Committee:-

Copies to: Secretary Almoner, Holder of membership list.