



17 Queensway, London W2 3QP

**MEMBERSHIP YEAR 1ST JANUARY 20\_\_ TO 31ST DECEMBER 20\_\_**

**Please complete in BLOCK CAPITALS and include your Postcode in the address and contact telephone number/s (land &/or mobile) and email.**

Email: .....

Mr/Mrs/Miss/Ms (Full name): .....

Address: .....

.....

..... Post Code: .....

Telephone : ..... Mobile : .....

**I would like to apply for \*election as a new member/for re-election of Queens Ice Dance Club. \*(Delete where applicable)**

I have passed the following NISA tests: .....

I belong to the following clubs: .....

Signed: ..... Date: .....

I enclose my cheque payable to Queens Ice Dance Club for £ .....

Full member    £15.00

Junior member (under 16) £10.00

Signing this application confirms your agreement to the Club holding the above information in a database for Club purposes only.

Please return the completed form to:

**John Faulkner (QIDC) c/o Keelings, Broad House, The Broadway, Old Hatfield, Herts AL9 5BG**