The Probus Club of Little Sutton

The Association of retired and professional personnel

Application for Membership

I wish to apply to for membership of the above-named club and confirm my agreement to comply with the club's constitution and best practices.

Name .....

Signature ..... Date .....

Address .....

.....

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Telephone No. Home .....

Mobile .....

Email address .....

Wife's/Partner's name .....

Profession or business associated with .....