The PeNN CLUB

APPLICATION FOR MEMBERSHIP

Please complete and sign this form and send to The Penn Club.

Membership No.:	
Date of Acceptance:	

SURNAME:		**FIRST NAME:**	
DATE OF BIRTH:		**OCCUPATION:**	
IF RETIRED – PREVIOUS OCCUPATION:			
ADDRESS:			
POSTCODE or ZIP:		**COUNTRY:**	
TELEPHONE No.:			
EMAIL:			

(Email information is not passed to any third party and is used only for communications between the Club and the Member).

INFORMATION

How did you hear about The Penn Club?				
Have you stayed at The Penn Club?	**Yes**		**No**	
Are you a Quaker or associated with a Quaker Meeting?	**Yes**		**No**	
If yes, which local Meeting?				

If you have any special needs or requirements of which the Club needs to be aware, Please give details:

Why do you want to join The Penn Club? Please write A MINIMUM OF 100 WORDS, stating your reasons

EXPECTATIONS OF MEMBERS

It is expected that members will respect the quiet character and Quaker ethos of the Club.

It is expected that members will observe the Rules of the Club.

Where possible we expect members will contribute to the Club by attending its annual general meetings and any extraordinary general meetings or, if they cannot attend such meetings, by arranging to vote by post or by proxy when votes are called.

It is hoped that members will contribute to the life of the Club in other ways, according to their interest.

TO THE APPLICANT:

- **You are required to provide the names and contact details of two Referees. Please ask permission from the referee before providing their details. Please note we do not add referees to any database.**
- **Referees do not need to be a Member or a Quaker but should have known the applicant well for at least 4 years and not be a relative, employee or their professional advisor.**
- **The two Referees should be independent of each other.**
- **Please note the persons named below may be contacted by The Penn Club to provide further information to support your application.**

NAME OF REFEREE:	
TELEPHONE No.:	
EMAIL:	
How long have you known the referee and in what capacity?	
NAME OF REFEREE:	
TELEPHONE No.:	
EMAIL:	
How long have you known the referee and in what capacity?	

MEMBERSHIP CATEGORIES (please tick)				
Single Membership	**£132 per annum***			
Joint Membership	**£198 per annum***		**Name of Joint Member**	
For 2 people living at the same address. Please note each person will need to apply individually.				
Day Membership	**£75 per annum***			
Access to the Club and its facilities during the day between the hours of 8 am and 10.30 pm. It will not entitle the member to discounted rates on overnight stays.				

***Subscription rates are subject to review.**

AUTHORISATION:

Please note that your application cannot be considered by the Committee until valid payment details are provided. These payment details are confidential and the payment will only be presented should your application be successful.

Your next subscription will be collected by Direct Debit for all holders of UK bank accounts.

Cardtype	**Visa Debit**		**Visa**		**Mastercard**		
Name As appears on card							
Card no.:							
Expiry date:		/		**Security code:**			

I hereby apply for membership of The Penn Club (The Company). I acknowledge and confirm that my application for membership is made on the basis of and subject to the Company's Memorandum and Articles of Association and Bye-Laws, from time to time in force, copies of which can be viewed in the Club Office. I undertake that in the event of the Company being wound up that I shall contribute such amount as may be required, not exceeding £1.00 (one pound) if the Company should be wound up when I am a member or within one year after I cease to be a member.

Signature of Applicant:		**Date:**	