



Membership No.

APPLICATION FORM

Name: _____

Address: _____

Post Code: _____

Tel No: _____

E-mail: _____

Membership Required: Adult: £15 Tick One

<u>Please list names & ages of all those under 17</u>	
Name & Age:	_____
Name & Age:	_____
Name & Age:	_____

Joint: £20

Family: £20

Send completed Application Forms to:

The Secretary C.C.M.C.
1 Cromlech Gardens,
Portstewart
Co. Londonderry
BT55 7QW
Tel: 028 7083 5518

OFFICIAL USE ONLY

FEE PAID	Y / N
MEM CARD/S	Y / N
DATE JOINED	/ /

The M/ship year runs from 1st April to 31st March

Signature: _____

www.ccmclub.co.uk