

APPLICATION FOR MEMBERSHIP

TITLE	first name (s)
SURNAME	
NATIONALITY	COUNTRY OF RESIDENCE
DATE OF BIRTH	HOME ADDRESS
POSTCODE	TELEPHONE
MOBILE	EMAIL
OCCUPATION OR PROFES	ION
BUSINESS ADDRESS	
POSTCODE	
NAME OF PROPOSER	
SIGNATURE OF PROPOSEF	
THE CANDIDATE HAS BEE	N KNOWN TO ME FORYEARS
must include how long they he he/she wishes to become a Mem Membership Office. I hereby app	ion must be accompanied by informative letters of support from the Proposer to whom he/she is well known. The letters ave known the Candidate and the nature of their relationship. The Candidate must also write a letter explaining why ser of the Club and include a recent passport sized photograph. Please return the completed form and letters to the ly for membership to Berkeley Lifestyle. If elected, I agree to be bound by the Rules of the Club and any Bye-laws made or to ith and to pay such memberships as the Rules should require. I am over eighteen years of age.
SIGNATURE	DATE

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Please submit or send to membership@berkeleylifestyle.com