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## YVARIETY MEMBERSHIP APPLICATION

MR/MRS/MISS/MS: SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_ PARTNER'S NAME: \_\_\_\_\_

PRIVATE ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

Thank you for your support. We look forward to you and your friends joining us at our functions throughout the year. Correspondence will be forwarded via email.