

Annual Membership Application



Membership name: _____

Home Address: _____

Telephone: _____ Mobile: _____

Email: _____

Name of Spouse: _____ Email: _____

Name(s) of child/children _____ Dates of birth: _____

1. _____

2. _____

3. _____

4. _____

Name of Caregiver: _____ Telephone: _____

When would you use the club (please tick)

During the week	Often <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>
At the weekend	Often <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>
Mornings	Often <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>
Lunchtimes	Often <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>
Afternoons	Often <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Never <input type="checkbox"/>

Areas of Interest (please tick)

Children's Classes Parenting Classes Meetings Pre/Postnatal

Advisory service Holiday Activity Parties Eating

Do you have any specific requests for Maggie and Rose?

Payment: Membership fee is £500 per family.

Membership is non transferable and non refundable.

I have read and agreed to the terms and conditions on the reverse.

Name of Applicant: _____

Signature: _____ Date: _____

Please note that all sections must be completed in order for this application to be accepted. All information will be treated in the strictest confidence. This application for membership shall not be binding until approved by Maggie and Rose. A Maggie and Rose membership is a family membership.

