| APPLICANT'S DET   | AILS   |                    |                  |             |  |                       |
|---|--|--------------------|------------------|-------------|--|-----------------------|
| Title (e.g. Mr, Mrs, Miss or rank)  |  | Surname            |                  |             |  |                       |
| Forename and initials   |  |                    | Date             | e of birth  |  |                       |
| Decorations or qualification  | is (e.g. OBE, FRAgS, BSc)                                |                    |                  |             |  |                       |
| Spouse's or partner's name  | ⊇ (optional)   |                    |                  |             |  |                       |
| Private address   |  |                    | Business ad      | ldress      |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |
| Postcode  |  |                    | Pos              | stcode      |  |                       |
| Landline tel. no.   |  |                    | Mobile           | e no.       |  |                       |
| Alternate tel. no.  |  |                    | Fax no           | ).          |  |                       |
| E-mail address  |  |                    |                  |             |  |                       |
| Current occupation/profess  | sion (e.g. farmer, landowner,<br>banker, adviser, supply | trade)             |                  |             |  |                       |
| Type of member  | RSHIP APPLIED  | FOR Please ti      | ck ONE box for e | each line a | as appropriate                                     |                       |
|   |  |                    |                  |             |  |                       |
| Farmer/Landowner/Manager Ancillary Business   |  |                    | ountryside       |             | ociate (i.e. Forty Clul<br>nily (entitles spouse/p |                       |
| Individual (age 30 +)   |  | ividual (under 30) |                  | i dii       | under 18 to indep                                  | endent use of Club. ) |
| If Family Membership is app   | ied for, please comple                                   | te                 |                  |             |  |                       |
| Spouse/Partner  |  |                    | Date of          | birth       |  |                       |
| E-mail  |  |                    | Mobile           | no.         |  |                       |
| Child 1   |  |                    | Date of          | hirth       |  |                       |
| Child 2   |  |                    | Date of          |             |  |                       |
|   |  |                    |                  |             |  |                       |
| FARMING, FISH FA  | ARMING OR CO   | OUNTRYSID          | E CONNEC         | CTION       | S  |                       |
| Please use this space to pro<br>acreage owned, farmed or n<br>and membership of other pro | nanaged; role in agribu                                  | isiness; cropping; | livestock kept;  |             |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |
|   |  |                    |                  |             |  |                       |

## FORMAL STATEMENT

| FORMAL STATEM  | 1ENT  |  |  |                            |  |  |
|--|---|--|--|----------------------------|--|--|
| beginning of the month follo                         | er of The Farmers Club. I agree to pay<br>owing my election. Subsequent annual s<br>be guided by the Committee, promote the   | subscriptions will be c  | collected by direct debit in January                                       | . I agree to               |  |  |
| Signature  |   |  | Date   |                            |  |  |
|  | ude a recent passport size photograph<br>elow are also complete before returnir   |  | Club record. Please ensure Sponso  | ors section                |  |  |
| Sponsors   |   |  |  |                            |  |  |
| daytime telephone number also provide a statement su | ou must be sponsored by two current Nof your sponsors, state how long they happorting the application, outlining the confirm both that they recommend the appenvironment. | ave known you and asl<br>ontribution the applica   | k them to sign the form. The propo<br>ant can make to the life of the club | ser should<br>. In signing |  |  |
| Name of proposer                                     |   |  |  |                            |  |  |
| E-mail   |   |  |  |                            |  |  |
| Daytime tel. no(s).                                  |   | Υ  | Years applicant known to sponsor   |                            |  |  |
| Signature  |   |  |  |                            |  |  |
|  |   |  |  |                            |  |  |
| Name of seconder                                     |   |  |  |                            |  |  |
| E-mail   |   |  |  |                            |  |  |
| Daytime tel. no(s).                                  |   | Υ  | Years applicant known to sponsor   |                            |  |  |
| Signature  |   |  |  |                            |  |  |
| DIRECT DEBIT N                                       | Mandate   |  |  |                            |  |  |
| DIRECT DEBIT I                                       | VITALIDITI  | Service user number  |  |                            |  |  |
| To: The Manager                                      | Bank/Building Society   | 9 9 8 6  | 5 9 3  | DIRECT<br>Debit            |  |  |
| Address  |   | Reference – For Office Us  | se Only  |                            |  |  |
|  |   | Instruction to your bank   | or huilding society  |                            |  |  |
|  | Postcode  | Please pay The Farmers Club Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with The Farmers Club |  |                            |  |  |
| Name(s) of account holder(s)                         |   |  | ally to my bank/building society.  |                            |  |  |
|  |   | Signature(s)   |  |                            |  |  |
| Branch sort code                                     |   |  |  |                            |  |  |
| Account number                                       |   |  |  |                            |  |  |

Date

Banks and building societies may not accept Direct Debit instructions for some type of account.