ANNUAL MEMBERSHIP APPLICATION

Please note that all sections must be completed for your application to be processed. All applications will be considered upon the **personal** presentation of their completed form to a member of the JJ Whispers management team. Posted or e-mailed applications will be discarded.

Title: Mr Mrs Miss Dr

First Name: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Surname: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Date of Birth: |__|__| / |__|__| / |__|__|__|__|

Nationality: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Home Address: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

County: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Postcode: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Telephone: |__|__|__|__|__|__|__|__|__|__|__|__|__|

Mobile: |__|__|__|__|__|__|__|__|__|__|__|__|__|

E-mail: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

On signing of this application the applicant is happy to receive information regarding future events.

Please note that although the bearer may have a “black” card the management still maintain the Door policy R.O.A.R, and that guests of the member must be over 21 years of age.

If successful the applicant shall be entitled to the benefits as explained on our website.

Signed: _____ Date: ___/___/ 2008

The Membership Committee will endeavour to respond within 24hours of application.

All major credit cards accepted.

JJ Whispers Ltd, 39-41 Church Street, Reigate, Surrey RH2 0AD
Tel: 01737 247921