

Application For Membership

Full Name:	
Address:	
E-mail Address:	
Contact telephone no:	
Date of Birth:	
There is a membership fe bank transfer or cash to t Beings. GWFC Bank detai	all LBG, sort code: 20-35-32, A/C No. 73238237
I confirm I have submitte	d a health disclaimer form to club. I have noted and agree the terms ership of the Guernsey Walking Football LBG
Signature of Applicant for Membership:	Date:
Date when Membership Subscription of £5.00 was paid	
Proposers Name: (A Director of the LBG)	
Signature of Proposer:	
Seconders Name: (A Director of the LBG)	