



# MEMBERSHIP APPLICATION FORM

Name: .....

Address: .....

..... Postcode: .....

Home Phone: ..... Mobile: .....

Email: ..... Date of Birth: .....

Category: SENIOR  OAP  DISABLED  JUNIOR

Proposed By: ..... Date: .....

Print: ..... Signed: .....

Seconded By: ..... Date: .....

Print: ..... Signed: .....

I agree to abide by the rules of BHAC: .....

Processed By: ..... Date: .....

Method of Payment: .....

## HEADQUARTERS

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