



# THE LUTON CONSERVATIVE CLUB



## MEMBERSHIP NOMINATION FORM

### TO BE COMPLETED IN CAPITALS

TITLE (please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
FULL NAME				DATE OF BIRTH		
ADDRESS				TELEPHONE		
				OCCUPATION		
POST CODE						
EMAIL						

What is your political Bias?	
Other Clubs, Societies or Assosiations of which I am or have been a member, including Conservative Clubs	
Has any Club, Society or Association ever denied you membership	
Why do you wish to become a member of this Club?	
Are you known by anybody connectedto this Club? Please state their name(s)	

I, the undersigned, being a Candidate for election, do hereby declare that I am a supporter of the Conservative Party, and that, if elected, will abide by the Rules and By-Laws of the Club. On admission to membership I will not wittingly by word or deed do anything prejudicial to the interests of the Conservative Party or the Club. I agree that any default in the observance of this pledge shall justify the Committee in terminating my membership of the Club.

I Confirm that I consent to your collecting and retaining personal information about me which is described in the Club's Privacy Notice and to your using it for the purposes set out in that notice. In particular, (please tick)

I consent to your sending me, by email, news about the Club and information about events which the Club is promoting or otherwise relevant to my membership.

I do not consent to your sending me, by email, news about the Club and information about events which the Club is promoting or otherwise relevant to my membership.

A non refundable entrance fee of £5.00 must be supplied with this form

THIS IS NOT DEDUCTED FROM YOUR MEMBESHIP FEE

Signature		Date	
Proposer Sign & Print		Membership No	
Seconder Sign & Print		Membership No	