THE HAWKS DINING RIGHTS CLUB

CALDER HOUSE

18 PORTUGAL PLACE

CAMBRIDGE

CB5 8AF

**APPLICATION FOR MEMBERSHIP**

**Single Membership and Spousal/Partnership Application Form**

Please complete all fields using block capitals and n/a where appropriate.

Are you applying for:

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|  |  |  |  |
| --- | --- | --- | --- |
| Single membership |  | Spousal/Partner membership |  |

If the latter, please complete an additional application form for spouse/partner

(no additional proposers required).

|  |  |
| --- | --- |
| SURNAME: |  |
| FORENAME(S): |  |
| TITLE(S) | ie. Mr/Mrs/Miss/Ms/Dr/Rank : |
| QUALIFICATIONS /HONOURS /DECORATIONS : |  |
| DATE OF BIRTH: |  |
| NATIONALITY: |  |
| MARITAL STATUS: |  |
| HOME ADDRESS: |  |
| TELEPHONE NO/s : |  |
| EMAIL ADDRESS: |  |
| PROFESSION OR OCCUPATION: |  |
| BUSINESS ADDRESS: |  |
| TELEPHONE NO/s : |  |
| BUSINESS EMAIL: |  |
| NATURE OF BUSINESS: |  |

Please indicate with \* how you wish to be contacted.

|  |  |
| --- | --- |
| WITH REGARD TO THE OBJECTS AND ETHOS OF THE HAWKS’ DRC WHY DO YOU WISH TO JOIN THE CLUB? (PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE): |  |

|  |  |
| --- | --- |
| SPORTING AND OTHER INTERESTS: |  |

INTERESTS FOR WHICH YOU MIGHT USE THE CLUB (Please Tick):

|  |  |  |  |
| --- | --- | --- | --- |
| CLUB TABLES |  | CLUB DINNERS |  |
| CLUB TABLES AND DINNERS AT OUTSIDE EVENTS |  | PRIVATE RECEPTIONS/ DINING FACILITIES |  |
| MEMBERS’ ROOM |  | BAR |  |
| MEETINGS |  | BAR DINING |  |
| SPORTING FIXTURES OPEN TO DRC MEMBERS |  |  |  |

|  |  |
| --- | --- |
| PLEASE LIST ANY CLUBS AND SOCIETIES OF WHICH YOU ARE A MEMBER: |  |

|  |  |
| --- | --- |
| NAME OF PROPOSER (Existing DRC Member):  |  |
| NAME OF SECONDER (Existing DRC Member): |  |

If no Seconder is available, references and/or interview may be required

DECLARATION:

I understand that my application will be put before the Hawks’ DRC Membership Sub-Committee for consideration and presentation to and approval by The Committee and President of the Hawks’ DRC. I understand that The Committee and President have absolute authority to accept or decline applicants without question.

If elected, I agree to abide by the Rules of the Hawks’ DRC as contained in the information in the Membership Application Pack and Constitution & Rules of the Hawks’ DRC.

I agree to pay the set Joining Fee and Annual Subscription Fee (or proportion of this fee according to date of election) for Single Membership or Joint Spouse/Partner membership, as applicable upon successful election. I will pay my annual membership fee by the 1st of September each year by direct transfer, standing order or cheque.

I declare the above information to be correct.

Signature……………………………………………………….. Date …………………………

Please return the completed Application Form(s) and Proposer(s)’ Form(s) to:

The Administrator, Hawks’ Dining Rights Club, Calder House, 18 Portugal Place, Cambridge CB5 8AF.

Any Queries should be directed to Sarah Malcolm, Administrator by post at the above address, by email administrator@hawksclub.co.uk or telephone 01223 314666.

*Office Use:*

*Application(s) received (………..………..) Application(s) acknowledged (……………………….)*