Please complete this form and email to our Membership Secretary, Sally Dean, at shelltravelclub@gmail.com. Please remember to include the name of the current member who is supporting your application.

Once your application for membership has been approved, we will contact you with details of how to make payment for your Associate Membership.

APPLICATION FOR ASSOCIATE LIFE MEMBERSHIP

I wish to apply for Associate Membership of the Shell Travel Club:

Name: Surname…………………………………….. First Name: …………………Title…….

Home Address: …………………………………………………………………………………..

……………………………………………………………Postcode: …………………..

Telephone No: …….…………….…..…… Mobile No: ………….…………………….

E-mail Address: ………………………………………………………….

Name of Spouse/Partner: …….……………………………………

Mobile No: ……………………………….

E-mail Address: …………………………………………………………………..

Address (if different to that above): …………………………………………………………….

…………………………………………………………..Postcode: ………………………

Once my membership is approved, I agree to pay the Shell Travel Club £……. (£5 per person) for my membership.

Name of current Shell Travel Club member supporting this application: ……………………...

I/We hereby allow the Shell Travel Club to store this information on a database which can be used for contact.

Signature ..................................................... Date: ...............................

Spouse/Partner Signature………………………………… Date………………