



Membership Application Form

Full Name _____ Preferred Name _____

Address _____

Town/City _____ County _____ Post Code _____

Telephone Number _____ Mobile Number _____

Email Address _____

BN Number (if applicable) _____ How may we contact you?

Email: Phone: Text: Post:

I/we wish to make an application for membership of the Ryedale Naturist Club and if elected agree to be bound by the constitution and standing orders of the club now in force or as amended by a general meeting.

Signature _____ Date _____

Membership Fees

Single Membership at £16.....Couples Membership at £22 per annual financial

year. Reduced pro rata as the year goes on.

	Single	Couple
Sept, Oct, Nov	£16.00	£22.00
Dec, Jan, Feb	£12.00	£16.50
Mar, Apr, May	£8.00	£11.00
Jun, Jul, Aug*	£16.00	£22.00

* Full annual fee payable but this would cover a 15, 14, or 13 month period respective.

Please make cheques payable to **Ryedale Naturist Club**

Hand the completed membership form in with payment at the swim

Membership cards will be available at the swim
Include a stamp if you would prefer for it to be posted

Tel: 07528 409332

Website: www.ryedalenaturistclub.co.uk

Email: info@ryedalenaturistclub.co.uk