

VENUE LONDON

2a Clifton Rise, New Cross, London, SE14 6JP 020 8692 4077

www.TheVenueLondon.com

MEMBERSHIP APPLICATION FORM

(PLEASE COMPLETE IN BLOCK CAPITALS)

Title: Mr / Mrs / Miss / Ms / other _____

Forename: _____ Middle Initial: _____ Surname: _____

House name/no: _____ Sex: _____

Street Name: _____

Town/City: _____

County: _____

Post Code:

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Date of Birth; ___/___/___ (DD/MM/YYYY)

Contact Tel: (____) ____ ____

E-mail address _____

(By providing my email, I accept I may receive emails from the venue)

Occupation _____

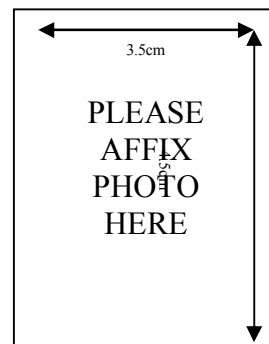
NB. This application is incomplete without two recent passport sized photographs, a COLOUR copy of valid photo ID and a stamped self-addressed envelope.

I HEREBY DECLARE THAT THE INFORMATION ON THIS FORM IS CORRECT. BY SIGNING THIS APPLICATION FORM I AGREE TO THE FOLLOWING;

- 1) I agree to be bound by the Venue's rules and regulations – my membership can be revoked if I do not comply.
- 2) The membership card is proof of age for the Venue.
- 3) A fee of £10 is chargeable for each replacement card.
- 4) Membership does not guarantee entry to the club.
- 5) The card is not transferable.
- 6) Membership is granted at the discretion of the management.
- 7) The Venue reserves the right to change the terms of membership at any time.

Signed _____

Date ___/___/___ (DD/MM/YYYY)



For office use only:

Membership number:

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Proof of ID Received: Received by _____

Entered into Database: Processed by _____

Interview Required Authorised by _____