



BRECHIN CITY SUPPORTERS CLUB

Membership Application

I wish to become a member of the BRECHIN CITY SUPPORTERS CLUB.

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

Date of Birth: _____

Type of Membership (Circle as Appropriate)

- | | |
|---|--------|
| 1. I wish to join for the first time... (Life Member) | £40.00 |
| 2. I wish to join for the first time... (Annual Member) | £ 8.00 |
| 3. I wish to renew my membership... (Annual Member) | £ 8.00 |
| 4. I wish to convert my annual to... (Life Member) | £40.00 |

Signature

Date

Cheques and Postal Orders should be crossed and made payable to;
Brechin City Supporters Club

Return completed application and payment to:

Ann Marie Black
Blacks of Brechin
Unit 9 Brechin Business Park
West Road
Brechin
DD9 6RJ

For club use only

Membership Number _____

Period of membership _____