



<b>President</b>	Matthew Fallon	<b>Chairman</b>	Mike Orman
<b>Secretary</b>	Jon Maxwell	<b>Treasurer</b>	Edward Tiller

## APPLICATION FOR MEMBERSHIP

Mr / Mrs/ Ms		Telephone Numbers	Home		
First Name			Work		
Surname			Mobile		
email (if applicable)					
Date of Birth ( <i>A requirement of our insurers</i> )					
Address					
Postcode					
Present occupation (or before retirement)					
Models finished or in progress					
<p>I wish to be considered for membership of the Salisbury &amp; District Model Engineering Society. I agree to abide by its rules and acknowledge that the decision of the Committee is final.</p>					
Signature		Date			
Proposed By		Seconded By			
<i>For use by the Committee only</i>					
Notes					
Membership Number		Date Issued		Issued By	

Please return this Application Form to:  
 The Secretary, (Mr Jon Maxwell)  
 34 Marlborough Road, Salisbury SP1 3TH  
 01722 320 848  
 Society email address: [secretary@salisbury-model-engineering-society.co.uk](mailto:secretary@salisbury-model-engineering-society.co.uk)