



MORAY CEILIDH CLUB
MEMBERSHIP APPLICATION FORM - for the year September to August

| Name | Adult | Pre-School | Schoolchild | Student |
|------|------------------------------|--------------------------|--------------------------|--------------------------|
| | (please tick as appropriate) | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDRESS: _____

_____ Post Code _____

Tel No _____ e-mail: _____

Your e-mail address will be used for sending MCC related information only.

TYPE OF MEMBERSHIP (please tick):

| | | |
|--|--------|--------------------------|
| SINGLE ANNUAL MEMBERSHIP | £10.00 | <input type="checkbox"/> |
| COUPLE ANNUAL MEMBERSHIP | £20.00 | <input type="checkbox"/> |
| FAMILY ANNUAL MEMBERSHIP | £25.00 | <input type="checkbox"/> |
| STUDENT ANNUAL MEMBERSHIP <small>(Must be; aged 18 to 25, and in full time education, and provide their e-mail address to receive Club information)</small> | FREE | <input type="checkbox"/> |

AMOUNT ENCLOSED:-...£ _____

Signature _____ Date _____

Please make cheques payable to **Moray Ceilidh Club** and send the form and money to:
 Moray Ceilidh Club, Dorran View, Morayscairn, Alves, Forres, Moray, IV36 2RB