

THE WESTERN BATHS CLUB

12 Cranworth Street, Glasgow G12 8BZ

Telephone: 0141 576 0294 Fax: 0141 576 0295 Secretary: 0141 248 4936

www.thewesternbaths.co.uk

To: The Secretary
The Western Baths Club

Date.....

I/We desire to be nominated as * member(s) of the Western Baths Club.

*State whether Lady, Gentleman, Pensioner (aged 65 and over), Associate (aged 18 to under 23), Country, Junior (aged under 18), Husband/Wife or Family.

FULL name(s) of **ALL** applicants

Signature If a lady please state whether
Miss, Ms, or Mrs.....

If Junior, parent's signature

Address
(Block capitals)
.....

Postcode

Telephone Nos. (Home)..... (Business)

Email address

Profession or occupation

Nationality

If you have previously been a member of the Western Baths Club please state dates of membership

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Dates of birth of all applicants

.....

Proposers and seconders may be asked for a written reference on the applicant who must be well known to them.

I have known the applicant for Years.

Proposed by Signature Full name

I have known the applicant for Years.

Proposed by Signature Full name

This application, when completed, should be returned, with registration fee to:
The Secretary, The Western Baths Club, 12 Cranworth Street, Glasgow, G12 8BZ