Temporary Affiliates Form

| MEMBERS NAME | MEMEBERSHIP No | | DATE OF VISIT | NUMBER OF GUESTS |
|-------------------------------|------------------------|--------|--------------------------------|-------------------------------|
| | NAMES OF GUESTS, 18 | AND O | VER TO BE APPENDED BELOW. | |
| THE LIST IS TO BE RETURNED TO | THE SECRETARY, FOR DIS | PLAY O | N THE MAIN NOTICE BOARD, AT LE | EAST 3 DAYS BEFORE THE VISIT. |
| Christian Name | Surname | | Christian Name | Surname |
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Arthur Wilson

Club Secretary