

MEMBERSHIP TYPE GOLD SILVER Couple Single Gent Single Lady ID CHECKED
 STAFF INITIALS _____ MEMBERSHIP NUMBER _____ EXPIRY DATE _____ CASH CARD

MALE DETAILS

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

SURNAME																			
FIRST NAME:																			
HOUSE NO/NAME																			
STREET																			
CITY/POSTCODE																			
TELEPHONE																			
EMAIL																			
DOB																			
FABSWINGERS NAME																			

FEMALE DETAILS

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

SURNAME																			
FIRST NAME:																			
HOUSE NO/NAME																			
STREET																			
CITY/POSTCODE																			
TELEPHONE																			
EMAIL																			
DOB																			
FABSWINGERS NAME																			

EVENTS THAT MAY INTEREST YOU

NAKED PARTIES DAYTIME EVENTS BI/GAY EVENTS BBW EVENTS THEME NIGHTS
 FESTIVAL WEEKENDS COUGARS AND CUBS PARTIES SATURDAY NIGHT PARTIES OTHERS
 PLEASE STATE: _____

- I/We understand the nature and activities of the club and we/I are not being unduly influenced or coerced by any third parties to attend or to take part in any activities
- My/Our details will be held on both paper and electronic file and may only be used by the club for marketing purposes Please contact me by Email Post Text Message
- I/We will show the due discretion for anonymity to other members and guests
- I/We will respect the confidentiality of other members and guests
- I/We understand that at the Managers discretion this membership can be rejected or revoked and no explanation may be forthcoming

Male Signature:	Female Signature
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