

LAKES DINING CLUB

Application Form

Membership Type <i>(Please tick where appropriate) *</i>			
<input type="checkbox"/> Single (£30)	<input type="checkbox"/> Partnership (£45)	<input type="checkbox"/> Family (£57.50)	<input type="checkbox"/> Corporate (£75.00)

Principal Member *	
Title: *	
First Name: *	Last Name: *
Address: *	
	Post Code: *
Telephone: *	Email Address: *

Additional Member 1 <i>(Partnership, Family & Corporate membership)</i>	Additional Member 2 <i>(Family & Corporate membership)</i>
Title:	Title:
Full Name:	Full Name:
Last Name:	Last Name:
<i>Please only complete if different from principal member</i>	<i>Please only complete if different from principal member</i>
Address:	Address:
Telephone:	Telephone:
Email Address:	Email Address:
Additional Member 3 <i>(Family & Corporate membership)</i>	Additional Member 4 <i>(Corporate membership)</i>
Title:	Title:
Full Name:	Full Name:
Last Name:	Last Name:
<i>Please only complete if different from principal member</i>	<i>Please only complete if different from principal member</i>
Address:	Address:
	Telephone:
Email Address:	Email Address:

I have enclosed a cheque made payable to Hempstead House Hotel or

I have made a payment directly to the hotel

I have read and agree to Lakes Dining Club terms and conditions *

Member Signature		Staff Signature	
Print Name:	Date:	Print Name:	Date:

Office Use Only			
Payment Received:		Payment REF:	
Membership Number:		Expiry:	
<input type="checkbox"/> LDCDB	<input type="checkbox"/> IND-SP	<input type="checkbox"/> CONF	
<input type="checkbox"/> Cards REQ	<input type="checkbox"/> Cards REC	<input type="checkbox"/> Membership Pack	



Hempstead House Hotel & Spa

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