

ASWMC CLUB DATA

IF HANDWRITING FORM PLEASE FILL OUT IN BLOCK CAPITALS

Club

Year of Club Formation?

Club Website

In which month is the Clubs AGM?

Please tick box next to the Club Officials Title who is to be the main ASWMC Contact

Secretary		Address	Postcode	Tel (H)	Tel (M)	E-mail
	<input type="checkbox"/>					

Comp Secretary		Address	Postcode	Tel (H)	Tel (M)	E-mail
	<input type="checkbox"/>					

Treasurer		Address	Postcode	Tel (H)	Tel (M)	E-mail
	<input type="checkbox"/>					

Chief Marshal		Address	Postcode	Tel (H)	Tel (M)	E-mail
	<input type="checkbox"/>					

ASWMC Contact <small>(if different from above)</small>		Address	Postcode	Tel (H)	Tel (M)	E-mail
	<input type="checkbox"/>					

Form completed by:

Date:

Return form to:

Nic Ayre. 6 Rosecroft Road, Ipswich, Suffolk. IP1 6AP
or E-mail Form in an Excel file to: nic@aswmc.org.uk