



## SENIOR PLAYER MEMBERSHIP

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT TEL NO \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MEMBERSHIP FEE                      £15 FAMILY + £5 SIGN ON FEE   

   £10 SINGLE + £5 SIGN ON FEE   

I AGREE TO ABIDE TO THE FARINGDON TOWN FOOTBALL CLUB 'CODE OF CONDUCT '

SIGNATURE \_\_\_\_\_                      DATE \_\_\_\_\_

APPROVED BY COMMITTEE MEMBER \_\_\_\_\_

PAID   



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