

## **Perkins Long Service Club Membership Application Form**

I wish to become a Member of the Perkins Long Service Club

Surname:

First Name(s):

Date of Birth:

Employee Number:

Date of Joining Company:

Department:

Manager:

Plant Location:

Personal Email Address:

Full Postal Address (including Post Code):

Works Telephone Number:

Home Telephone Number:

I enclose:

- Either Direct Debit Form (       )
- or Life Membership Form (       )

Signature: