BIRMINGHAM Mail

ChipperClub

MEMBERSHIP FORM

Today's date | | | | | | | | | Date of Birth (Age Limit 0-15) | | | | | | |

First Name/Initial | | | | | | | | | | | | | | | | | | | | |

Surname | | | | | | | | | | | | | | | | | | | | |

1st line Address | | | | | | | | | | | | | | | | | | | | |

2nd line Address | | | | | | | | | | | | | | | | | | | | |

Postcode | | | | | | | | | Tel No. | | | | | | | | | | |

Mobile No. | | | | | | | | | | | |

email Address | | | | | | | | | | | | | | | | | | | | |

Full name of Parent/Guardian: | | | | | | | | | | | | | | | | | | | | |

Parental Signature: _____

Please send to: **Chipper Club Membership Application, Marketing Department, *Birmingham Mail*, Floor 6, Fort Dunlop, Fort Parkway, Birmingham B24 9FF**. In returning this membership form you are consenting to receive information relating to the Chipper Club.

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