



APPLICATION FOR MEMBERSHIP
2025-26

Please complete in BLOCK CAPITALS.

Name.....

Address.....

.....Post Code.....

Tel No:Mobile No:

Email Address.....

Membership: I acknowledge receipt of the Cancellation Policy form (attached on coloured paper).

Data Protection: I give my permission for my personal details to be stored on the AKS Ladies' Luncheon Club database, which will not be shared with any third party, and only used to contact you about Luncheon Club matters.

Signed: Date:.....

Please tick one of the following: I am a Joining Member ☐ I am an Existing Member ☐

Please list the name(s) of **all** Member(s) with whom you wish to be seated:

.....
.....

Notification of cancellation or to bring a guest must be received and acknowledged by the Booking Secretary, by the Monday, 9 days prior to the Wednesday lunch. This also applies to any special dietary requirements. Failure to comply will result in you being charged for the meal.

Do you have any special dietary requirements?

Meals cannot be changed on the day, so please advise us before each lunch of any change.

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Do you require a vegetarian meal? YES / NO

Do you have children at AKS YES / NO

If yes, please enter Name(s) & Form(s):

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To receive your Membership Book please return this completed form, accompanied by a cheque for £15.00, made payable to AKS Ladies' Luncheon Club, to the Membership Secretary: Sharon Iqbal, 47 Grenville Avenue, Lytham St. Annes, Lancashire FY8 2RR