

AbFabParties Membership Application

FORM MUST BE COMPLETED NEATLY IN BLOCK CAPITALS

Amount charged: £ _____

Card No: _____

Reason for charge: _____

GENT'S FIRST NAME _____

GENT'S LAST NAME: _____

HOUSE NUMBER or NAME: _____ STREET NAME: _____

POSTCODE: _____ TEL.NO _____

LADY'S FIRST NAME: _____

LADY'S LAST NAME: _____

HOUSE NUMBER or NAME: _____ STREET NAME: _____

POSTCODE: _____ TEL.NO _____

ID SEEN Y / N Gent/lady needs to bring: _____

Party date: _____ Time of arrival: _____ Checked by: _____

I/We confirm that I/we have read the Guidelines on display in Reception and all the information I/we have provided is correct.

SIGNED: _____ SIGNED: _____

COMMUNICATION PREFERENCES: The party host will never reveal your name or address to anyone, without your permission. We do communicate when we have special events or if a party is cancelled. You agree to opt in to our email list for regular newsletters and other updates/offers of interest.

Email address to use _____

Where did you hear about us? _____