

Membership Application Form

Please place a cross X in the appropriate boxes

Please consider a donation	Adult Membership Junior Member (un to FC United Develo	•	£5	£20 [£10 [£3 [£50 [£ £		
Member's Name: Membership Number If Known: (renewals only) Address:					The club will communicate with members by email, please place a cross in the box if you prefer to receive				
Postcode:									
Date of Birth: Email: Tel:					communication by post				
FC United relies on place a cross in the l build your club?									
N.B. A separate member	ship application must	be completed	for each inc	dividual ap	plicant.				
How to Pay:									
Cheque payal OR Credit Card	ole to FC United, Hop	e Mills, 113 Pol	lard Street	,Manchest	er M4 7J	Α _]]		
C	Card Holder's Name: Address:								
	Postcode: Card Number	::							
E	vniry Date:	Start Date	<u> </u>	leei	ıe No				