# Gem Discovery Club

## Members' Application Form

| | | |
|---|---|---|
| **Family name:** | **Mr /Dr / Mrs / Miss / Ms:** | |
| **Other names in full:** | | |
| **Address:** | **Postcode:** | |
| | **Membership No.** | |

| | |
|---|---|
| **Tel. No.:** | **E-mail:** |
| **Fax No.:** | **Website:** |

**I wish to register for *: 1 quarter fee (£40.00)** ☐

**Signed:** _____ **Date:** _____

**PAYMENT DETAILS:**

**I enclose cheque** **£** _____ **made payable to *Gem-A*.**

**I wish to pay the sum of** **£** _____ **by Visa/Mastercard/Switch:**

**Card No.:** _____ **Start date:** ____ **Expiry date:** ____

**Name on card:** _____ **Signature:** _____

To: Arianna Maccaferri
Gem-A
27 Greville Street
London EC1N 8TN

Fax: 020 7404 8843

| FOR OFFICE USE ONLY | |
|---|---|
| **Memb. No.** | |
| **Paid** | |
| **Renewal date** | |