

# FAUGET CLUB

## Membership Form

FORM NUMBER

Please fill out the form truthfully

MR/MR/MS/MISS

FIRST NAME

LAST NAME

DATE OF BIRTH (DD/MM/YYYY)

MOBILE PHONE

HOME PHONE

ADDRESS

STATE

ZIPCODE

JOB TITLE

COMPANY NAME

JOB ADDRESS

WORK HOURS

WORK EMAIL

BUSINESS TYPE

CONTACT NUMBER

BUSINESS ADDRESS

WORK HOURS

WORK EMAIL

REF. NUMBER

SINGLE/MULTI MEMBERSHIP

START DATE (DD/MM/YYYY)

HAVE YOU PREVIOUSLY BEEN MEMBER OF FAUGET CLUB? IF YES, PLEASE MENTION THE PERIOD

START DATE

END DATE

DO YOU HAVE ANY CLOSE FRIENDS OR FAMILY AS MEMBER OF FAUGET CLUB? IF YES, PLEASE MENTION

NAME

MEMBER ID

NAME

MEMBER ID

I HEREBY AGREE TO THE PRESENT AND FUTURE TERMS & CONDITIONS OF FAUGET CLUB

NAME

SIGNATURE