

LAKES DINING CLUB

Renewal Form

Membership Type <i>(Please tick where appropriate)</i> *			
<input type="checkbox"/> Single (£30)	<input type="checkbox"/> Partnership (£45)	<input type="checkbox"/> Family (£57.50)	<input type="checkbox"/> Corporate (£75.00)
First Name: *		Last Name: *	
Title: *		Membership Number: *	

Please only fill below if there are any changes to your details

Principal Member	
Title: *	
First Name: *	Last Name: *
Address:	
Post Code:	
Telephone:	Email Address:
Additional Member 1 <small>(Partnership, Family & Corporate membership)</small>	Additional Member 2 <small>(Family & Corporate membership)</small>
Title:	Title:
Full Name:	Full Name:
Last Name:	Last Name:
Address:	Address:
Telephone:	Telephone:
Email Address:	Email Address:
Additional Member 3 <small>(Family & Corporate membership)</small>	Additional Member 4 <small>(Corporate membership)</small>
Title:	Title:
Full Name:	Full Name:
Last Name:	Last Name:
Address:	Address:
Telephone:	Telephone:
Email Address:	Email Address:

I have enclosed a cheque made payable to Hempstead House Hotel or

I have made a payment directly to the hotel

I have read and agree to Lakes Dining Club terms and conditions *

Member Signature		Staff Signature	
Print Name:	Date:	Print Name:	Date:

Office Use Only

Payment Received:		Payment REF:	
Renewal:		Expiry:	
<input type="checkbox"/> LDCDB	<input type="checkbox"/> CONF	<input type="checkbox"/> Cards REQ	<input type="checkbox"/> Cards REC
	<input type="checkbox"/> CONF		<input type="checkbox"/> PACK



Hempstead House Hotel & Spa

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