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Civilian Group (Small) Membership Application Form - 2024

Name of Group:

GROUP LEADER/CONTACT DETAILS

Full Name:
 Address:

 Post Code:
 Home Phone:
 Mobile Phone:
 Work Phone:
 E-mail:
 Relevent Qualifications:

OTHER LEADERS' DETAILS

Full Name:	<input style="width: 100%; height: 25px;" type="text"/>
Home Phone:	<input style="width: 100%; height: 25px;" type="text"/>
Mobile Phone:	<input style="width: 100%; height: 25px;" type="text"/>
Work Phone:	<input style="width: 100%; height: 25px;" type="text"/>
E-mail:	<input style="width: 100%; height: 25px;" type="text"/>
Relevent Qualifications:	<input style="width: 100%; height: 25px;" type="text"/>
Full Name:	<input style="width: 100%; height: 25px;" type="text"/>
Home Phone:	<input style="width: 100%; height: 25px;" type="text"/>
Mobile Phone:	<input style="width: 100%; height: 25px;" type="text"/>
Work Phone:	<input style="width: 100%; height: 25px;" type="text"/>
E-mail:	<input style="width: 100%; height: 25px;" type="text"/>
Relevent Qualifications:	<input style="width: 100%; height: 25px;" type="text"/>
Full Name:	<input style="width: 100%; height: 25px;" type="text"/>
Home Phone:	<input style="width: 100%; height: 25px;" type="text"/>
Mobile Phone:	<input style="width: 100%; height: 25px;" type="text"/>
Work Phone:	<input style="width: 100%; height: 25px;" type="text"/>
E-mail:	<input style="width: 100%; height: 25px;" type="text"/>
Relevent Qualifications:	<input style="width: 100%; height: 25px;" type="text"/>

What are the main objectives of your group?

On which days and at what times would you want to use the Centre?

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FIRST AID**

