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Camberley, Surrey, GU17 9LP  
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**Military Group Membership Application Form 2024**

Name of Group or Unit:

**GROUP LEADER/CONTACT DETAILS**

Full Name:

Rank (if applicable):

Address:

Post Code:

Home Phone:

Mobile Phone:

Work Phone:

E-mail:

Relevant 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"/>
Relevant 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"/>
Relevant 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"/>
Relevant 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?**

**PLEASE ENCLOSE COPIES OF  
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CURRENT FIRST AID**

