

**Membership Application Form.**

**The Roma Club**

Title..........First Name................................Surname.......................................................

Title..........First Name................................Surname.......................................................

Address..................................................................................................................

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Postcode...............................................Telephone........................................

E-Mail Address ................................................................Date...........................

**Romahome Model.**........................................ ....Registration No..........................

**Payment.** **We would prefer payment by BACs if this is convenient.

Our bank details are as follows : - 30.97.21 a/c 00393737

If paying by BACs, Please return this form to our membership secretary by email to :-
 membership.romaclub@gmailcom
or post it, with your cheque for £20.00 made payable to the Roma Club, to:-

Roma Club Membership Secretary,
27 Ollands Road**

**Reepham
Norfolk. NR10 4EL**

*If you need help please telephone and we will return your call.*You can contact us on **07863 414017 *For office use.*** *Date sent.......................................Membership Number.....................................

Cheque / Cash / PO.......................Date..........................* ***Form Ref. 01112022***