

THE SHOWMEN'S GUILD OF GREAT BRITAIN

TRANSFER APPLICATION FORM

DATE:			
NAME:			
GUILD NUMBE	ER:		
I/We			being member/s of the
	• • • • • • • • • • • • • • • • • • • •	Section of t	he Showmen's Guild, desire
to transfer my Section.	our membership to	o the	
Signed:	••••		
Registered		permanent	address:
Present address:	•••••		
	•••••		
Please complete	this form and forward	a copy to each of the Sect	ions concerned.
I enclose the cos	t of £(to cover the advertising co	sts)
OFFICE USE			
ONLY RECEIPT NO.			
CASH			
CHEQUE			
CARD			
BANK			
COMMITTEE			

