

**The Centurion Lacrosse Club**  
**Membership Application Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Please indicate the Lacrosse Clubs that you have been or are currently associated with

\_\_\_\_\_

\_\_\_\_\_

Are you an active playing member of your club? Yes\_\_\_/ No \_\_\_

Please list those offices you have held in any lacrosse organisation

\_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Please send the completed form, together with a remittance payable to “Centurion Lacrosse Club” in the sum of £35, or £10 for under 25s, being the annual subscription to:

Rob Collinge  
12 Walsingham  
St John's Wood Park  
London NW8 6RG