

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 this form, when completed, together with a remittance in the sum of £30.00, being the annual subscription to :

Rob Collinge
89 St Gabriel's Road
London NW2 4DU