

APPLICATION FOR MEMBERSHIP

APPLICANT DETAILS

Surname Title

Forename(s)

Home Address

.....

Postcode Country

Email

Telephone Mobile

Business Address (including name of company)

.....

Postcode Country

Email Telephone

Type of Membership

Address to which correspondence should be sent: Home Business

Name of Spouse / Partner

As a member of Mosimann's, your spouse or partner is automatically entitled to use the Club for lunch and dinner

Please tick this box if you are happy for us to correspond with them directly

(Excludes Individual Luncheon & Corporate Membership)

Address of Spouse / Partner

.....

Postcode Country

Email Telephone

Nationality Date of Birth

Professional Qualifications

Brief Summary of Career

Present Occupation

Interests

Name of Proposer

Other clubs of which a member

Charities Supported

SIGNATURE

Signature of Applicant

Date

Please send the completed application form to:

Membership Secretary
Mosimann's
11B West Halkin Street
Belgrave Square
London
SW1X 8JL