

STARS INTERNATIONAL APPLICATION AND RENEWAL FORM (v6.0)
(Please use Block Capitals)

Membership Number (if existing)

NAME

ADDRESS (Inc Post Code)

HOME TEL No MOBILE No.....

EMAIL.....

EMERGENCY CONTACT NAME AND NUMBER

WEBSITE SERVICES APPLICATION (ALPHANUMERIC CHARACTERS ONLY) (if access is required)

USERNAME..... PASSWORD.....

GOLD MEMBERSHIP

SILVER MEMBERSHIP

Membership can be made at any time during the year and will start from the beginning of the month that the application is received for new members. Members renewing/re-joining less than 12 months after their due date, will have their renewal date set back to the due date.

I wish to be enrolled as a Member of the Severnside Travel and Railway Society, in the Section indicated for 12 Months commencing from 1st

I enclose a Cheque to value of made payable to S.T.A.R.S and crossed. If you require a receipt please also enclose a stamped self-addressed envelope.

I have read and accepted the conditions as published in the STARS International Tours Brochure, and the STARS A-Z of Conditions and Information. (This information is also available on STARS website.)

Signed..... Date

**THIS PART TO BE COMPLETED BY PARENT/GUARDIAN
OF APPLICANTS UNDER THE AGE OF 17 YEARS**

I am the parent/guardian of the above signed, and agree to their membership of the Severnside Travel and Railway Society.

Signed..... Date.....

All completed application forms and remittances to be sent to:
S.T.A.R.S. INTERNATIONAL (Membership)
16 ROSEDALE AVENUE, STONEHOUSE, GLOUCESTERSHIRE, GL10 2QH

All personal information collected on this form will be treated in line with all current Legislation.