

## APPLICATION FOR ADMISSION

| Title:  | Forenames: |              | ••   |
|---|------------|--------------|------|
| Surname: (inc decorations) .                                |            |              |      |
| Date of birth:  |            | Nationality: |      |
| Private Address:  |            |              | •••  |
|   |            | Post Code:   |      |
| Preferred Landline No:                                      |            | Mobile:      |      |
| Primary email address:                                      |            |              |      |
| Secondary email address: (only used if issues with primary) |            |              | •••  |
| Occupation/Profession:                                      |            |              | •••• |
| Employer Name:  |            |              |      |
| Nature of Business:   |            |              |      |
| Business Address:   |            |              | •••• |
|   |            | Post Code:   |      |
| Brief career history:                                       |            |              | •••• |
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| understand that I shall first be adm<br>to Livery. I also understand that if r<br>Fine and Quarterage (annual subsc                               | the Freedom of The Worshipful Company of Lightmongers and nitted as a Freeman of the Company and may then apply totransfer my application is accepted, I shall be required to makepayment of the ription) for such membership. I agree to the Company retaining and cluding within the Company computerrecords. |
| I understand that the information pr  | rovided on this form will be used for Company business.   |
| Signed:   |   |
| the Quarterage and it is expectifie. Inthe unlikely event of wis  | is a contractual matter annually renewable on payment of ted that someone joining the Livery will intend to do so for shing to leave, a resignation must be made in writing before age becomes due and payable.   |
| Please ask your sponsors to email co  | onfirmation of their support to the Clerk.  |
| Proposer - Name:  |   |
| D 11  |   |
| Email:  | Telephone:  |
| Email:  Seconder - Name:  | Telephone:  |
|   |   |
| Seconder - Name:  | Telephone:  |
| Seconder - Name:  Email:  Once completed this form can be estimated the second completed the second can be estimated the second can be estimated. | Telephone:  |
| Seconder - Name:  Email:  Once completed this form can be estimated the second completed the second can be estimated the second can be estimated. | Telephone:  |