



# Suffolk SportsCast Membership Application

Please use Block capitals\*

**FIRST NAME** .....

**LAST NAME** .....

**Address 1** .....

**Address 2** .....

**Town/City** .....

**Postcode** .....

**Home Phone Number** .....

**Mobile number** .....

**Email** .....

**Signature** .....

**Date** .....

Please make Cheques  
Payable to S.Boyt

Please send application and fees to:

10 Shotley Close  
Felixstowe  
Suffolk  
IP11 2NG