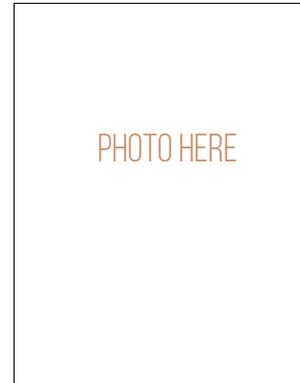


LAYLOW

MEMBERSHIP FORM

Our passion for good food, live music, and art, forms the basis for our club, and we welcome prospective members from a broad spectrum of vocations and disciplines. We love to keep things feeling local and familiar, so please tell us a bit about yourself in the form below. Please post completed forms to: The Membership Team, 10 Golborne Road, London, W10 5PE, or via email to membership@laylow.co.uk.

Payment will be required upon notification of acceptance into LAYLOW, all rates are inclusive of VAT.



TITLE

FIRST NAME

SURNAME

DOB

EMAIL

PHONE

ADDRESS

POST CODE

OCCUPATION

BUSINESS NAME

NATURE OF BUSINESS MUSIC FILM FASHION ART OTHER

PROPOSER

LAYLOW

CANDIDATE QUESTIONS & PROFILE

Getting to know our prospective members and maintaining an eclectic, local, and inclusive community is what we pride ourselves on at LAYLOW. Please answer the questions below as freely and creatively as you'd like, there are no right or wrong answers!

HOW DID YOU HEAR ABOUT LAYLOW?

WHAT DO YOU LOVE OR HATE ABOUT W10, SPECIFICALLY THE GOLBORNE/PORTOBELLO ROAD AREA?

DESCRIBE YOURSELF IN THREE WORDS?

WHY WOULD YOU LIKE TO BECOME A MEMBER OF LAYLOW?

WHAT WOULD BE YOUR ULTIMATE PARTY GUEST LIST OF PEOPLE DEAD OR ALIVE?

WHAT WAS THE LAST LIVE ACT YOU SAW?

WHAT GENRES OF MUSIC DO YOU LOVE?

WHAT IS THE BEST THING THAT HAS HAPPENED IN YOUR LIFE SO FAR?



RECURRING CREDIT CARD PAYMENT AUTHORISATION

By signing you agree to, and authorise, regularly scheduled charges to your debit or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as Golborne Laylow Ltd. You agree that no prior notification will be provided of these payments unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ AUTHORISE **LAYLOW GOLBORNE LTD** TO CHARGE MY DEBIT/ CREDIT CARD
(CARD HOLDERS NAME)

INDICATED BELOW FOR THE FOLLOWING SUBSCRIPTION AMOUNT (PLEASE TICK)

FULL ADULT
£57.50/MO

UNDER 30'S
£25/MO

OTHER

I understand that this authorisation will remain in effect until I cancel it in writing, and I agree to notify Golborne Laylow Ltd. in writing of any changes in my account information or termination of this authorisation at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.K. banking legislation. I certify that I am an authorised user of this Credit Card and will not dispute.

SIGNATURE _____ DATE _____
(CARD HOLDERS SIGNATURE)

BILLING INFORMATION

CITY: _____
COUNTY: _____
POSTCODE: _____

CARD DETAILS: VISA MASTER CARD AMERICAN EXPRESS

CARDHOLDER NAME: _____
CARD NUMBER: _____
EXPIRATION DATE _____