

# LAYLOW

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## MEMBERSHIP FORM

Our passion for good food, live music and art forms the basis for our club; welcoming 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. Completed forms can be posted to: The Membership Team, 10 Golborne Road, London, W10 5PE, or returned via email to [membership@laylow.co.uk](mailto:membership@laylow.co.uk).

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



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Title

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First name

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Surname

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DOB

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Email

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Phone

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Address

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Post code

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Occupation

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Business name

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Nature of business    Music     Film     Fashion     Art     Other

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Proposer

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## 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 as well as a one-time joining fee to be taken with your first monthly instalment (or annual subscription charge). 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. Each membership subscription is contracted to run for a minimum of 12 months with any cancellations or refunds being offered at the sole discretion of the LAYLOW Membership Director.

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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   
£69.00/mo  
(£150.00 joining fee)

Under 30's   
£25/ mo  
(£100.00 joining fee)

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)

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### Billing information

City: \_\_\_\_\_  
County: \_\_\_\_\_  
Postcode: \_\_\_\_\_

Card Details: Visa  Master card  American express

Cardholder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date \_\_\_\_\_