



Member Agreement

1st Applicant Surname

MembershipID

1st Applicant First Name

1st Applicant DOB

***Office use only**

2nd Applicant Surname

2nd Applicant First Name

2nd Applicant DOB

Address

Town

County

Postcode

Telephone

Email

Membership Type

Where you heard about Townhouse?

Other - please specify

Your Interests... Couples: Single Males: Bifem: Bimale:

TVCD: BDSM: BBW: Films:

Greedy Girl:

I certify that the above details are correct. I agree to abide by the membership rules of Townhouse International stated overleaf.

Sign:

Print Name

Date:

Office use only:		Notes:	
Activation Date: <input type="text"/>	Database entry complete: <input type="checkbox"/>		
Expiry Date: <input type="text"/>	ID checked: <input type="checkbox"/>		
	Signed by member: <input type="checkbox"/>		
	Valid email address: <input type="checkbox"/>		