

NATIONAL FEDERATION OF PLUS AREAS

APPLICATION FOR MEMBERSHIP

TO BE COMPLETED BY THE APPLICANT

| | | | | | |
|----------------|----------------------|----------------|----------------------|----------------------|----------------------|
| Group: | <input type="text"/> | Membership No: | <input type="text"/> | | |
| | | Life No: | <input type="text"/> | | |
| Title: | <input type="text"/> | Forenames: | <input type="text"/> | | |
| | | Surname: | <input type="text"/> | | |
| Date of birth: | <input type="text"/> | Maiden Name: | <input type="text"/> | | |
| Address: | <input type="text"/> | | Post Code: | <input type="text"/> | |
| Telephone No: | <input type="text"/> | Mobile No: | <input type="text"/> | Email: | <input type="text"/> |

The membership fee is payable by each individual group member annually. Such fee is required to be paid to the Group Treasurer within one month of your first attendance. Membership shall be due for renewal one calendar year from the date recorded on this application. Membership renewals will be backdated to expiry date of previous membership card if less than 6 months.

- | | |
|---|--|
| <input type="checkbox"/> Membership Application | <input type="checkbox"/> Annual Membership |
| <input type="checkbox"/> Membership Renewal | <input type="checkbox"/> Life Membership |

For renewals enter previous expiry date:

The information you provide on this form will only be used to administer your membership within the Federation and to provide you with information pertaining to your membership. It will never be used outside of the Federation. Please tick the box below to give consent to contact you with relevant information such as newsletters, membership reminders and other important announcements.

I agree to be contacted with information relevant to my membership of The National Federation of Plus Areas.

By signing this form I agree to abide by the rules and constitution of The National Federation of Plus Areas.

Signed: _____ Date:

NATIONAL FEDERATION OF PLUS AREAS

MEMBER RECEIPT

This receipt is valid 28 days from date of application

| | | | |
|----------------|----------------------|---|----------------------|
| Group: | <input type="text"/> | Fee paid: | <input type="text"/> |
| Name: | <input type="text"/> | <input type="checkbox"/> Membership application | |
| | | <input type="checkbox"/> Membership renewal | |
| Membership No: | <input type="text"/> | <input type="checkbox"/> Annual membership | |
| Life No: | <input type="text"/> | <input type="checkbox"/> Life membership | |

Authorising signature: _____ Date:

NATIONAL FEDERATION OF PLUS AREAS

GROUP RECEIPT

This receipt is valid 28 days from date of application

| | | | |
|----------------|----------------------|---|----------------------|
| Group: | <input type="text"/> | Fee paid: | <input type="text"/> |
| Name: | <input type="text"/> | <input type="checkbox"/> Membership application | |
| | | <input type="checkbox"/> Membership renewal | |
| Membership No: | <input type="text"/> | <input type="checkbox"/> Annual membership | |
| Life No: | <input type="text"/> | <input type="checkbox"/> Life membership | |

Authorising signature: _____ Date: