

## APPLICATION FOR MEMBERSHIP TO BE COMPLETED BY THE APPLICANT

Group:  Membership No:

Life No:

Title:  Forenames:  Surname:

Date of birth:  Maiden Name:

Address:  Post Code:

Telephone No:  Mobile No:  Email:

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.

- Membership Application       Annual Membership  
 Membership Renewal       Life Membership

For renewals enter previous expiry date:

Signed: \_\_\_\_\_ Date:

### SUPPLEMENTARY VOLUNTARY INFORMATION

How did you hear about Plus?  Occupation:

Hobbies & interests:



NATIONAL FEDERATION OF PLUS AREAS

#### MEMBER RECEIPT

This receipt is valid 28 days from date of application

Group:  Fee paid:

Name:

Membership No:

Life No:

Membership application  
 Membership renewal  
 Annual membership  
 Life membership

Authorising signature: \_\_\_\_\_ Date:

NATIONAL FEDERATION OF PLUS AREAS



#### GROUP RECEIPT

This receipt is valid 28 days from date of application

Group:  Fee paid:

Name:

Membership No:

Life No:

Membership application  
 Membership renewal  
 Annual membership  
 Life membership

Authorising signature: \_\_\_\_\_ Date: