

APPLICATION FOR MEMBERSHIP



Free for Life

Please fill in all details in this box:

Title: Surname: First Name: Initial:

Title: Surname: First Name: Initial:

Address:

Post Code: Ward:

Date of Birth: day month year Gender: Female Male

Telephone No: Home: Work/Mobile: Ex Dir:

E-mail address:

I want to become a life member of Sheffield 50+ and agree to abide by the rules and procedures as set out in the constitution and the 50+ Handbook. I understand that the information I have given on this form will be stored on an electronic database and may be used by the Sheffield 50+ for management purposes subject to the provisions of the Data protection act 1998.

SIGNATURE:

Providing the information in this box is optional but it will help Sheffield 50+ in it's work if you do:

Please tick which of the following describes your ethnic/racial origins:

Africa/ME African-Caribbean Somali Yemeni Other.....

Asia Chinese Indian Pakistani Other.....

Europe British Irish Other.....

**No Postage stamp is needed but it would help our funds by using one
Please post to the address detailed above when complete.**