

Yorkshire Association of Change Ringers

New membership form

Please complete legibly, in BLOCK CAPITALS, and fill in as much detail as possible.

SURNAME _____ **TITLE** Mr/Mrs/Miss/Ms _____

FORENAME (the one used and other initials) _____

ADDRESS _____

Postcode _____

Please note that your details will be held on an electronic database.

Please check the box if you do not wish your address to be printed in the annual report.

Please complete your e-mail address if you would like to receive Branch/Association notices. It will not be used for any other purpose or shared with anyone outside the Association.

TOWER Dedication and place _____

Please check the box(es) to show category of membership, and fill in relevant details.

New to Association Qualified Associate

Newly Qualified formerly Associate: original joining date _____

Rejoining Qualified Associate

(Previous details:-
TOWER _____ Approx. joining date _____ NAME (if different) _____)

Full-time student **Under 17** (Date of birth _____)

PROPOSER* _____ **SECONDER*** _____

* For election of a Qualified member, the Proposer and Seconder must be Qualified Members.

ELECTED at (place) _____ on (date) _____

At an Association / _____ Branch meeting.

Membership fee paid to _____ on _____

New member } Please send this form to the branch membership secretary in advance, or
/ Proposer } hand to the secretary/membership secretary before the start of a meeting.
Please pay the subscription at the time of election.

Secretary As soon as possible after the meeting, please post or e-mail the completed form, or a copy of it, to the Association Membership Manager.

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