

No: _____

Learning4life Community Group

Membership Application Form

First Name:

Surname:

Date of Birth:

Childs Name:

Childs Date of Birth:

Address:

.....

Post Code:

Home Telephone:

Mobile Telephone:

E-Mail:PLEASE TICK IF WE CAN CONTACT YOU THIS WAY

Signature:

Membership fee - £5.00 (over 65's and under 19's FREE)

Your membership card will be posted to you within 7 days from receipt of the application in the office.

The information contained on this form will be entered onto our database and held securely following Government Data Protection guidelines.