

THE SUSSEX COUNTY ASSOCIATION OF CHANGE RINGERS

Registered Charity No. 268588



MEMBERSHIP DETAILS:

New member: Re-elected member: Amended details:
(please tick relevant box)

TITLE: FORENAME: SURNAME:

TOWER:

ADDRESS:

..... POSTCODE:

TEL NO. PLEASE TICK BOX IF UNDER 18:

E-MAIL ADDRESS :

INSURANCE GROUP: UNDER 16: 16-70: OVER 70:

PROPOSED BY:

SECONDED BY:

COMMUNICATION PREFERENCE: BY EMAIL: BY POST: NONE:

By agreeing to email communication, you will receive correspondence including newsletters.

DO YOU HOLD A CURRENT PCC DBS CERTIFICATE? YES NO

DECLARATION: (To be completed by all applicants)

The details you supply will be held on our computer system for membership and ringing-related communication purposes only. Your permission will be assumed unless you advise us to the contrary.

SIGNED:

DATE: