



MEMBERSHIP RENEWAL FORM

**FOR CONTINUITY OF INSURANCE PLEASE RENEW
BEFORE 28 FEBRUARY**

2012

Please use block capitals :

Name _____

Membership Number M

Address _____

Post code _____

Telephone _____ Email _____

Partner membership, if required	Partner's age group (tick)
Partner member's name _____	16 – 64
Partner's membership number (if new application, leave blank) PM _____	65 – 75
	over 75
Junior membership, if required	
Junior member's name _____	
Junior's membership number (if new application, leave blank) JM _____	

SUBSCRIPTION – please tick the appropriate box(es) :

Full member (aged 16 to 64) **£30**

Junior member (aged 12 to 15) **£2**

Partner member **£2**

Senior member (aged 65 to 75) **£20**

Senior member (aged over 75) **£20**

If you wish to have your Newsletters posted, please tick here and include an extra **£3**

PLEASE NOTE : For insurance purposes it is **VITAL** that **members' and partners' age-groups** are declared above.

I / we shall endeavour to abide by all the rules of the Company and I / we shall conduct myself / ourselves in a safe and proper manner when present on the Company's sites.

SIGNATURE(S)

Member _____ Partner Member _____

This form should be returned together with your remittance **AND YOUR MEMBERSHIP CARD** to the Treasurer, Mr Stuart Watkinson at a club meeting or by post to

Mr J S Watkinson, 30 Deerlands Road, Ashgate, Chesterfield S40 4DF
(please enclose stamped addressed envelope for reply)
Any cheques should be crossed and made payable to **CDMES Ltd.**



Please remember to return your Membership Card for validation.

For office use only	
Fees paid £ _____ date paid ___ / ___ / ___ Database entry updated _____	insurance group M <input type="checkbox"/> PM <input type="checkbox"/> JM <input type="checkbox"/>
PARTNER MEMBERSHIP NUMBER (if new issue) PM <input type="text"/> <input type="text"/> <input type="text"/>	
JUNIOR MEMBERSHIP NUMBER (if new issue) JM <input type="text"/> <input type="text"/> <input type="text"/>	