



MEMBERSHIP RENEWAL FORM

FOR CONTINUITY OF INSURANCE PLEASE RENEW BEFORE 28 FEBRUARY



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

Senior member (aged 65 to 75) £20

Junior member (aged 12 to 15) £2

Senior member (aged over 75) £20

Partner member £2

If you wish to have your Newsletters posted, please tick here and include an extra £2

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 A5 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 _____	
PARTNER MEMBERSHIP NUMBER (if new issue) PM <input type="text"/> <input type="text"/> <input type="text"/>	insurance group M <input type="checkbox"/> PM <input type="checkbox"/> JM <input type="checkbox"/>
JUNIOR MEMBERSHIP NUMBER (if new issue) JM <input type="text"/> <input type="text"/> <input type="text"/>	