

MEMBERSHIP RENEWAL FORM

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

2017

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 or over
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) **£35**

Senior member (aged 65 or over) **£35**

Partner member **£5**

Junior member (under 16) **£5**

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.

It is a condition of membership that all applicants have seen and understood the operational rules of the Society when applying as new members or when renewing existing subscriptions.

The booklet INFORMATION FOR MEMBERS is issued to every new applicant. The website also has the text of the booklet : www.cdmes.co.uk

If you need an Insurance Liability form for external running events, tick this box :

Please turn over to sign your form.

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"/>	

DECLARATION



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 a 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.*** 

CHECK LIST . . (to prevent return of your form!)

- age groups declared?**
- cheque signed and dated?**
- membership card included?**
- stamped-addressed envelope enclosed?**