

THE YORKSHIRE ASSOCIATION OF CHANGE RINGERS

Please

- Hand this form to the secretary before the meeting starts
- Complete both parts in BLOCK CAPITALS legibly
- Tick ONE box in each part, except in the cases of Lapsed, Under 17s, Over 59s and full time Students, when a second box should be ticked too
- Write dates where necessary. If no date is know, please find it and tell the secretary as soon as possible
- Pay the subscription at the time of the election – the proposer paying if necessary – as it saves a lot of bother

Qualified Associate

Qualified, formerly associate: original joining date _____ (year only)

Lapsed rejoining: tick also Qualified or Associate as appropriate
No election is needed in this case. Original joining date: _____ (year only)

Under 17 Date of Birth: _____ Over 59 Full time student

SURNAME Mr/Mrs/Miss/Ms _____

CHRISTIAN NAME (only the one used and other initials) _____

ADDRESS _____

_____ POSTCODE _____

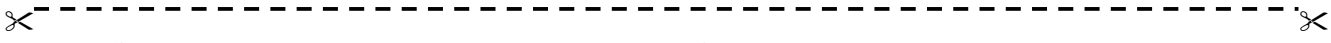
TOWER dedication and place _____

Proposer _____ Seconder _____

Elected at _____ (place) on _____

At a General / _____ branch meeting

New membership fee paid to _____ on _____



Secretaries please send this part to the Insurance Secretary as soon as possible

Qualified Associate

Qualified, formerly associate: original joining date _____ (year only)

Lapsed rejoining: tick also Qualified or Associate as appropriate
No election is needed in this case. Original joining date: _____ (year only)

Under 17 Date of Birth: _____ Over 59 Full time student

SURNAME Mr/Mrs/Miss/Ms _____

CHRISTIAN NAME (only the one used and other initials) _____

ADDRESS _____

_____ POSTCODE _____

TOWER dedication and place _____

Proposer _____ Seconder _____

Elected at _____ (place) on _____