



The Kent County Association of Change Ringers

Membership Nomination Form

I wish to become a member of The Kent County Association of Change Ringers (KCACR). I note that the details provided below will be held on a computer database and in a manual filing system.

This data will be made available to members of the association for the purpose of subscription records and handbook production. Details of tower or District officers may also be made available to other ringers or ringing associations, but no commercial use will be made of the information provided.

Full name	<input type="text"/>	<input type="text"/>
	<small>Surname</small>	<small>Christian or forenames</small>
Title	<input type="text"/> Mr, Mrs, Miss, Ms etc	
Signed	<input type="text"/>	By signing this form you agree to the conditions set out above. If under 18 years of age please obtain the approval of your parent or legal guardian
Parent or legal guardian	<input type="text"/>	Signed <input type="text"/>
Membership category	<input type="text"/>	Practising (adult, junior or senior citizen)/life/associate/nonresident life
Date of birth	<input type="text"/>	Required if you intend to covenant your subscription, or wish to claim a concessionary rate (ie junior or senior citizen)
Proposed	<input type="text"/>	Signed <input type="text"/>
Seconded	<input type="text"/>	Signed <input type="text"/>
Home address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone <input type="text"/>
		Mobile <input type="text"/>
		E-mail <input type="text"/>
Postcode	<input type="text"/>	
Main tower	<input type="text"/>	
Associated towers	<input type="text"/>	<input type="text"/>
Elected a member of the KCACR at	<input type="text"/>	on <input type="text"/>
	<small>Meeting place</small>	<small>Date</small>
Signed (Chairman)	<input type="text"/>	
Has sub been paid?	<input type="text"/>	Amount paid <input type="text"/>