LGBT+ Over50s County Durham

Membership Application

Signature:

To safeguard the security of the group, we ask that you complete the following ten questions.

| Questions m | marked by * are required. | |
|--|--|--|
| 1. | Name: * | |
| 2. | Email: * | |
| 3. | Name of associated organisation if applicable | |
| 4. | Year of birth * | |
| 5. | Address inc. Postcode * | |
| Are you applying for individual full membership or as an associate member? * | | |
| | O Individual Full O Associate | |
| 7. | Are you a member of the LGBT+ community? * O Yes O No | |
| 8. | Do you live or work in or around County Durham? * Yes No | |
| 9. | Do you agree to the principles of respect, tolerance and privacy? * Yes No | |
| 10. | Any further comment you would like to make | |
| We use th | nese details to advise you of events and our AGM. | |
| | ou wish to be contacted? Please tick all that apply. | |
| Post | Text Phone Email | |
| payable to tick here | rship fee of £5.00 is payable (renewable annually in July). Please make cheques LGBT+ Over50s County Durham. If you pay directly into our bank account, please | |
| Sort code | ails: LGBT+OVER50s COUNTY DURHAM 523044 account number 46103279 Please use your full name as the reference. bin LGBT+ Over50s County Durham as a full member | |

Return to: Membership Secretary, c/o 23 Edge Court, Gilesgate, Durham. DH1 2JY

| For office use only: | | |
|---|--|--|
| Date Application received | | |
| Date Application approved and acknowledged. | | |
| Fee received | | |
| Date Added to data base or checked | | |