



## Clwyd Scout Network Membership Form

### PERSONAL DETAILS

Name:	<input type="text"/>	Univ/College:	<input type="text"/>
Home address:	<input type="text"/> <input type="text"/> <input type="text"/>	Term address:	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone:	( <input type="text"/> ) <input type="text"/>	Telephone:	( <input type="text"/> ) <input type="text"/>
Mobile:	<input type="text"/>	Email:	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Please contact me by/at:	
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Email <input type="checkbox"/> Home address <input type="checkbox"/> Term address	
Warrant/Leader positions and Group/District held with:	<input type="text"/>	Tick below if Membership fee already paid by/to:	
		<input type="checkbox"/> Group <input type="checkbox"/> District <input type="checkbox"/> Other Network	
Doctor:	<input type="text"/>	Medical Requirements:	
Address:	<input type="text"/> <input type="text"/> <input type="text"/>		
Telephone:	( <input type="text"/> ) <input type="text"/>		

### NEXT OF KIN DETAILS (CLOSEST RELATIVE)

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	Telephone:	( <input type="text"/> ) <input type="text"/>
		Mobile:	( <input type="text"/> ) <input type="text"/>
		Work phone:	( <input type="text"/> ) <input type="text"/>
Postcode:	<input type="text"/>		

### SIGNATURE

I enclose my annual fee of  £28\* or  £8\* (cheques payable to 'Clwyd Area Scouts')  
 I authorise my name to be added to the Clwyd Network mailing list and Members' Database.  I am happy for Clwyd Network to claim Gift Aid on my Membership fee. (Please ask us for details on Gift Aid if you're unsure whether you're eligible.)

*\*Clwyd Scout Network Membership Fee is £28 but this is reduced to £8 if you are a Leader with a Group or District or a Member of another Network that already pays your Headquarters Membership Fee.*

**A new form & fee needs sending in every January**

Your  
Signature:

Today's  
date:

**Once completed please send this form, enclosing your Membership Fee if appropriate, to:  
Mark Jones, 19 Prices Lane, Wrexham, LL11 2NB**

### OFFICE USE ONLY

Membership accepted: Yes  No  Signed

Renewal date: January 20.....