

HELP



We help people of all ages with all sorts of problems

APPLICATION FOR MEMBERSHIP (PLEASE PRINT)

Name _____ E-Mail _____
Address _____ Date of birth _____
_____ NIE No. _____
_____ Passport No. _____
Post Code _____ Emergency Contact No. Spain _____
Tel. No. _____ Emergency Contact No. U.K. _____
Mobile _____ Profession _____

I wish to become a member of the association of HELP Murcia Mar Menor

Signature _____ Date ____/____/____

ANY VOLUNTARY HELP YOU CAN OFFER PLEASE TICK BELOW

OFFICE _____ DRIVER _____
OUTLET _____ TRANSLATING _____

HOW MUCH TIME DO YOU THINK YOU COULD GIVE PER

WEEK _____ MONTH _____

FOR OFFICE USE:

FEE (€12 per year) Total Paid _____ Receipt No. _____ Date ____/____/____

For Membership Secretary Application Approved Date ____/____/____

New Membership No. _____

HELP Murcia Mar Menor, Calle Penelope 11, Urb. Oasis, Los Narejos 30710 Los Alcazares, Murcia

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