



We help people of all ages with all sorts of problems

APPLICATION FOR RENEWAL OF 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. (UK)	_____
Mobile No.	_____	_____	_____

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	_____
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SIGNATURE	_____	DATE	____/____/____
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For Office Use

Fee (€12 per year)	Receipt No.	_____	Date	____/____/____
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For membership Secretary: File updated	_____	Date	____/____/____
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