



MEMBERSHIP FORM: [*New member and/or change to existing member's details*]

Mothers' Union holds a central database and we should be grateful if each **new member in Connor Diocese** would complete this form and return it to their Branch Leader [existing members should also use this form if any of their details change]. All information will be held securely by Mothers' Union and will not be shared with third parties.

TITLE (Mr, Mrs, Miss, Ms etc) _____ GENDER: _____

FIRST NAME(S) _____

LAST NAME _____

HONOURS (eg MBE) _____

DATE OF BIRTH (day/month/year) ____ / ____ / ____

ADDRESS _____

TOWN _____

COUNTY _____

POSTCODE _____

TEL NO _____ MOBILE _____

EMAIL ADDRESS _____

DATE JOINED MOTHERS' UNION (approximate is ok: day/month/year) ____ / ____ / ____

MEMBERSHIP TYPE (Active member/Indoor member/Diocesan member) _____

DIOCESE WHERE MEMBERSHIP IS HELD _____

BRANCH WHERE MEMBERSHIP IS HELD _____

SUBSCRIPTION PAID (Y/N) _____ PAYMENT METHOD _____

CONTACT PREFERENCE (PLEASE TICK): TEL EMAIL POST

ROLE HELD ON DIOCESAN TRUSTEES _____

OTHER ROLES HELD IN DIOCESE _____