



We help people of all ages with all sorts of problems!

APPLICATION FOR MEMBERSHIP (Please Print)

1 ST APPLICANT	2 ND APPLICANT
Name	Name
Address	Address
Tel No.	Tel No.
Mobile	Mobile
E-mail	E-mail

I wish to become a member of the association of HELP MURCIA MAR MENOR

Signature (1st Applicant) _____ Date ____/____/____

Signature (2nd Applicant) _____ Date ____/____/____

ANY VOLUNTARY HELP YOU CAN OFFER, PLEASE TICK BELOW

OFFICE _____
 PRESS/PUBLICITY _____
 CARE/SERVICES _____
 ADVERTISING _____
 DIY/REPAIRS _____

FUNDRAISING _____
 TRANSLATING _____
 MARKETING _____
 GROUPS _____
 OTHER _____

FOR OFFICE USE

Fee (€12) Total Paid Receipt No..... Date...../...../.....

FOR MEMBERSHIP SECRETARY Application approved Date...../...../.....

Data P.C./C.I./W.L. Date...../...../.....

New Membership No