

HELP Murcia Mar Menor

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



APPLICATION FOR RENEWAL OF MEMBERSHIP

NAME 1 _____ **No** _____

NAME 2 _____ **No** _____

IF DETAILS OF YOUR ADDRESS, TEL No. EMAIL. HAVE CHANGED. PLEASE PRINT BELOW. **YES/NO**

ANY VOLUNTEER 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 pd. Receipt No..... Date...../...../.....

FOR MEMBERSHIP SECRETARY

Data: (p.c.) Date...../...../..... (c.i.) Date...../...../..... WL sent Date...../...../.....

Registered Charity No. 7645/1a CIF No. G73321481

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