**Membership Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | |  | | | | | | | |
| **Address** | |  | | | | | | | |
| **Telephone Number** | |  | | | | | | | |
| **e.mail address** | |  | | | | | | | |
| **Date of birth** | |  | | | | | | | |
| **I have been a member of Mothers’ Union since** | |  | | | | | | | |
| **Offices I have held in Mothers’ Union**  **with dates and dioceses / branches**  **(please continue overleaf if need be!)** | |  | | | | | | | |
|  | | | | | | | | | |
| **For 2018, I wish to continue membership as:** | | | | | | | | | |
| **Branch Member**  **(£23.00)** |  | | **Indoor Member**  **(£13.00)** | |  | | **Diocesan Member**  **(£25.00\*)** | |  |
| **Name of branch:** |  | | **Name of branch:** | |  | |
| **I also subscribe to Families First** | | | **yes / no** | | | | | | |
| **I am able to Gift Aid my subscription**  **(Please complete a Gift Aid form)** | | | **yes / no** | | | | | | |
| **I would like to hear from Mothers’ Union by:** | | | **e.mail** |  | **telephone** |  | | **post** |  |
| **Your information will be held securely by Mothers’ Union, and not disclosed to any third party** | | | | | | | | | |

**\* Please make cheques payable to “Mothers’ Union Hereford Diocese”**