**Membership Form**

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| --- | --- |
| **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”**