

COVENTRY DIOCESE

NEW MEMBER ENROLMENT FORM

TITLE FIRST N	IAMESU	RNAME
ADDRESS		
TOWN	POST CODE	
MOBILE	HOME NO	
EMAIL ADDRESS		
DATE OF BIRTH (day/mo	nth/year)//	(Optional)
DATE JOINED MOTHERS' L	JNION (day/month/year)	_//
	Type of Membership	
Branch Member		Indoor Member
Name of Branch:		
You can also pay by Bank Name: Mothers Union Cox Sort Code: 40-52-40, Accor Please put your name as a Or by Cash or Cheque	ount Number: 00017109	count.
	AMOUNT PAID able to Mothers Union Coventry Dio	
Gift Aid Declaration If you are a UK taxpayer a and any qualifying donation PLEASE NOTE: Your inform administering Mothers' Ukary Sumner House.	nd willing for Mothers Union to reclons, please tick to request a Gift Aid nation will be kept on a database to nion in the Diocese of Coventry and r information will be made available l also keep you advised of any activit	aim the tax on your subscriptions Declaration form here be used for the sole purpose of Centrally through the database at to the nearest branch leader or
Signed	Date	

Charity Number: 250129