MEMBERSHIP FORM



Charity No: (1034937)

As a member of the Yemeni Community Association, we require your personal information. The information obtained will be held in a private secure database. Your confidentiality is important to us. The information that you provide will be used by the H/DYCA in helping to improve the services and the long term development of the organisation in which all members and users will benefit.

Full Name:						
Address:						
		Post code:				
Place of Birth:						
Nationality:						
Date of Birth: / /	Your Age:					
Marital Status: Married:	Single:					
Gender: Male: F	emale:					
Home / Mobile Number						
Email:						
Number of Children under of 18 years? Male: Female:						
Signature:	Date: /	/				
By becoming a member I agree to pay the annual membership fee and abide by the constitution policies and procedures.						
Membership fees are as follows						
Men £20	Women £10	Student(I.D REQUIRED) £10				
FOR OFFICIAL USE ONLY						

Authorised_by:			 	
I.D Number:				
Signature:			 	
Membership Fee:				
Date:	/	/		

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