

ASSOCIATED MEMBERSHIP FORM FOR NON YEMENI



Charity No: (1034937)

As an associated member, 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:	<input type="text"/>		
Address:	<input type="text"/>		
	Post code: <input type="text"/>		
Place of Birth:	<input type="text"/>		
Nationality:	<input type="text"/>		
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Your Age:	<input type="text"/>
Marital Status:	Married: <input type="checkbox"/>	Single:	<input type="checkbox"/>
Gender:	Male: <input type="checkbox"/>	Female:	<input type="checkbox"/>
Home / Mobile Number	<input type="text"/>		
Email:	<input type="text"/>		
Number of Children under of 18 years?	Male: <input type="checkbox"/>	Female:	<input type="checkbox"/>
Signature:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

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
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FOR OFFICIAL USE ONLY

Authorised by:	<input type="text"/>
I.D Number:	<input type="text"/>
Signature:	<input type="text"/>
Membership Fee:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Halesowen Cultural Centre Highfield lane, Halesowen, West Midlands, B634SG 0121 585 1261 info@yca-halesowen.org.uk www.yca-halesowen.org.uk