

The Kent County Association of Change Ringers

Membership Nomination Form

I wish to become a member of The Kent County Association of Change Ringers (KCACR). I confirm that I am able to ring rounds unassisted and that I can lower a bell. This fact should be confirmed by an elected officer, as specified in rule 4 of the KCACR rules. I also note that the details provided below may be held on a computer database and/or in a manual filing system and used for Association communication purposes.

If you would prefer not to be contacted by the Association, please tick this box \square

This data will be made available to members of the Association for the purpose of subscription records and handbook production. Details of tower or District officers may also be made available to other ringers or ringing associations, but no commercial use will be made of the information provided.

Full name				
	First/Christian Name(s) Surnam			name
Title	Mr, Mrs, M	liss, Ms etc.		
Signed	By signing this form you agree to the conditions set out above. If under 18 years of age please obtain the approval of your parent or legal guardian			
Parent or legal guardian			Signed	
Membership category	Adult, Junior or Senior Citizen Non-resident Life			r Senior Citizen (over 65), Life, Associate, ife
Date of birth	Required if you wish to claim a concessionary rate (i.e. Junior or Senior Citizen)			
,				
E-mail Address			Phone	
Tower				
Proposed			Signed	
Seconded			Signed	
			O	
Elected a member of the			on	
KCACR at	Meeting place		on	Date
If neither proposer nor seconder is an	wiceting place			Dute
elected officer, such an officer should confirm the nominee's ability to ring rounds unassisted and lower a bell			Signed	
	Name and office held			
Signed (Chairman)				
Has sub been paid?		Amount paid		

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