

THE KENT COUNTY ASSOCIATION OF CHANGE RINGERS

MEMBERSHIP APPLICATION FORM



Please complete both sides of this form as far as you, the applicant (with parent/guardian for those under 18 years) are able. Give it to the District Secretary with your subscription, prior to a Quarterly District Meeting. Note that if your election is after 30th June, your first subscription will be 50% of the annual subscription for your category. Subscription renewals are due on 1st January annually, the rate is agreed at the previous AGM. Your District Secretary will advise you of the current subscription rate.

Applicant's statements - I wish to be elected as a member of The Kent County Association of Change Ringers (KACR). I confirm that I am able to, without assistance, ring rounds and lower a bell, in accordance with rule 4(i) of the Rules of the Association. My competency has been assessed and confirmed by an elected District Officer who has also signed this form overleaf.

I (and my parent/guardian if under 18 years of age) 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. This data will be made available to officers of the Association for 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. By completing and signing this form, I (and my parent/guardian if under 18 years of age) agree to the data usage conditions described above.

I would prefer not to be contacted by the Association (please tick this box if applicable).

For applicants under 18 years of age - Parent/Guardians by signing this form you also give permission for these contact details to be shared with the Association Youth Officer and District Youth Coordinator, who will advise you of activities of the Kent Young Ringers.

(Please print clearly)

Applicant's First Name		Applicant's Surname	
Title (if any)		Applicant's SIGNATURE	
Full Name of Parent/guardian		Parent/ guardian SIGNATURE	
Email Address:			
Telephone:		Tower or Unattached	

Please continue over...../

Membership Category (please tick one)	18 years and under	19-79 years inclusive	80 years and above	Associate	Non-Resident Life Member
Annual Subscription	50%	100%	Free	10% minimum	75% one-off

Applicant's competency assessed and confirmed by an elected District Officer:-

District Officer name	
District Officer Position	
District Officer Signature	

Applicant nominated for election by:- *If possible, applicants are encouraged to attend their election meeting with their proposer and seconder, who should introduce the applicant to the meeting by saying a few words about their ringing progress to date. Proposers and seconders are usually members from the tower where the applicant is ringing/being taught.*

Proposer Name		Proposer Signature	
Seconder Name		Seconder Signature	

Applicant was elected a KCACR member at:-

Meeting place		Meeting date & year	
Subscription amount	£	Cash or Cheque payable to KCACR	

Post election actions by District Secretary:-	Date done	Remarks
Applicant's details added to database		
Subscription banked/handed to Treasurer		
Certificate and Handbook given to applicant		
If applicant is under 18 years, copy this form to Association Youth Officer and District Youth Coordinators.		
Form filed and retained for future reference.		