

ISE VALLEY u3a GROUP MEMBERSHIP

Activity Group .....

Leader .....

u3a Member Number .....

DOB .....

Name .....

Address .....

.....

.....

Postcode .....

Telephone .....

Mobile .....

Email address .....

Emergency contact Name .....

Emergency contact Number .....

Please submit details of any health problems or other information relevant to the group activities.

Signed ..... Date .....

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