| Kernow Men’s society Membership Application form |
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| Applicant Information |
| First Names: |
| Last name: |
| Known as: |
| contact Information |
| Preferred Telephone Number: |
| Secondary Telephone Number: |
| Email Address: |
| Emergency Contact/s – Please Obtain Contacts’ Permission before entering details |
| Contact 1: |
| Name: |
| Relationship: |
| Telephone Number/s: |
| Contact 2: |
| Name: |
| Relationship: |
| Telephone Number/s: |
| Special requirements or needs |
| Please use this area if you have any special needs or requirements that the Committee can help you with during the period of your  |
| membership: |
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| Eligibility |
| Please tick this box to the right to confirm you are a man aged 18 plus before completing this form: |
| signature to confirm information |
|  |
| date of Signing |
|  |
| This application form will be held securely by a named member of the Committee. The information contained within the form will |
| not be shared with any third party (including other society members) without your explicit consent, unless legally required to do so. |