



# Membership amendment advice

MS2/11

DO NOT USE  
THIS FORM FOR  
NEW MEMBERS

**No amendment can be made without the membership number\***

PLEASE COMPLETE IN BLOCK LETTERS

Branch Name:		Branch Number:	
Reason For Amendment:	Death <input type="checkbox"/>	Address Change <input type="checkbox"/>	
	Other <input type="checkbox"/>	Specify Other	<input type="text"/>
Membership Number:*		Amendment Date:	
If Club Member state name of Club(s):			
Title: Mr/Mrs/Miss/Other		Surname:	
Forenames:			
Address:			
Postcode:		Email: @	
Tel. No:		Date of Birth:	
Membership Status:	Member <input type="checkbox"/>	Life <input type="checkbox"/>	Youth Associate <input type="checkbox"/>