



Twenties Thirties Forties

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Twenties Thirties Forties Rep's Membership Form

Please complete (IN CAPITALS) all the details below

ID (To be completed by the office)

Title: Mr/Mrs/Miss/Ms

First Name:..... Surname:.....

Address:.....

.....

County:..... Post Code:.....

Your local area group (i.e. county) is:.....

Phone (eve):..... Fax:.....

Phone (day):..... e-mail 1:.....

Mobile:..... e-mail 2:.....

*Date of Birth:...../...../.....

Approximate number of people in their Twenties, Thirties & Forties in your Church:.....

Minister/Leaders Name:.....

*Minister/Leaders Signature:.....

Your Church Name:.....

*Your Signature:..... Today's Date:...../...../.....

**Please note; both date of birth and minister/leaders signature are there to help us & you, but are optional. If you are completing this form by email, instead of your signature, please send a covering email.*