



# RESOLVEN

MINER'S WELFARE

## Membership Application 2020

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

I hereby agree that Resolven Miners Welfare may process my information in accordance with their Privacy Policy. I wish to be contacted via

Email      Post      Telephone (Circle as required)

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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### Staff Use Only

Staff Name \_\_\_\_\_

Membership/Receipt Number \_\_\_\_\_

Date Membership card Issued \_\_\_\_\_

Membership Type – Adult / OAP (Circle as required)