

Yorkshire Region

a member of ARMD



Individual Membership Application Form

Annual regional subscription ONLY £7:00

with £10,000,000 public liability insurance cover

All subscriptions are due annually by the 1st January

| Please complete as required below: - | 2023 |
|--|--|
| Full Name: | |
| Address: | |
| Post Code: | Email Address: |
| Home telephone: | Mobile: |
| be passed to AMDS but strictly used for mem | I be available to the staff of the Yorkshire Region and will bership and activity purposes only, as per the AMDS Data n be viewed on the web site <u>www.amds.org.uk</u> by clicking |
| • | oncerning membership and other benefits associated with ne. AMDS only uses digital communication methods. If no on will endeavour to keep you updated. |
| There are a number of benefits provided by the from time to time, draws and representation o | his region to their members and these may include events n members' behalf at ARMD meetings. |
| By answering YES below I hereby give conser | nt to the Region or AMDS to contact me: |
| By Post | YES / NO |
| By Telephone | YES / NO |
| By Email | YES / NO |
| To maintain my membership of AMDS | YES / NO |
| To inform me of news, events, activit membership. | ties, offers and any other information related to YES / NO |
| Signature | Date: |
| | |

Please return this form with your cheque to: Sydney Hallam, 100 Mason lathe Road, Sheffield S5 0TP.
For Membership enquiries please contact: Syd Hallam 01142457825 or E-Mail Sydney42armd@hotmail.com

