

# Bu3a Membership CHANGE OF CIRCUMSTANCES

Name \_\_\_\_\_ Membership number \_\_\_\_\_

## DETAILS OF CHANGES (Please complete all boxes which apply)

<b>Address</b>	<b>MS</b>
<b>Contact email/telephone number:</b>	
<b>Next of kin details: Name:</b>	<b>Contact No:</b>
<b>Activity requests.</b> Please tell us about any activities you would like included on the programme. Are you able to assist with this activity?	
<b>Volunteer duties</b> Please tell us if you would be prepared to serve: 1 on committee Yes <input type="checkbox"/> No <input type="checkbox"/> OR 2 assist with any support team duties and give details of your choice Yes <input type="checkbox"/> No <input type="checkbox"/> <p style="text-align: right;"><b>THANK YOU</b></p>	

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