



CHILDMINDERS YEARLY MEMBERSHIP SUBSCRIPTION
APPLICATION FORM

NAME	
ADDRESS	
POSTCODE	
TELE NO:	EMAIL

URN NO:

SIGNED	DATE
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PAYMENT DETAILS

£60 MEMBERSHIP PAID BY:	PLEASE CIRCLE	CASH	CHEQUE	CARD
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MEMBERSHIP DETAILS

START DATE	END DATE
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CARD ISSUED:	YES	NO	REF NO:
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URN SEEN	STAFF MEMBER
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