



# WOLDS U3A

# Change of Address Form

Membership No.

Membership No.

If you have a Joint Membership please enter both Membership numbers

\*\*\*\*\*

Date. \_\_\_\_\_

Joint Membership fill in both names.

Mr/Mrs/Miss/Ms. \_\_\_\_\_

Mr/Mrs/Miss/Ms. \_\_\_\_\_

Forenames. \_\_\_\_\_

Forenames. \_\_\_\_\_

Surname. \_\_\_\_\_

Surname. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post code. \_\_\_\_\_ Telephone No. \_\_\_\_\_

E-Mail (PRINT clearly) \_\_\_\_\_

Send completed form to:-  
**Membership Secretary.**  
**Bill Kavanagh, 19A Cherry Drive, Nafferton. YO25 4LY**