

**Retired Members Surrey**

**PC GROUP**

**PCG**

**(Information and Communications Technology)**

**MEMBERSHIP APPLICATION**

#

Surname: Date of Birth:

First Name: Known as:

Partner’s First Name: Known as:

Address:

 Post Code:

Telephone No: Fax No:

email Address:

Are you able to:

Give a talk? Yes/No. Subject(s):

Suggest a Speaker? Yes/No.

What interests or hobbies may you like to share with other members? (Please complete)

I agree that my email and/or phone number may be published in the RMS programme booklet and that the PCG may send me emails from time about PCG activities (please circle) Yes/No

Please complete, sign and scan and email this form to the RMS membership secretary at membership.surreyrms@gmail.com

Otherwise you can bring the signed form to a PCG meeting.

Signed: Date: