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Civilian Group (Med.) Membership Application Form - 2023

Name of Group:

GROUP LEADER/CONTACT DETAILS

OTHER LEADERS' DETAILS

Full Name:
 Address:

 Post Code:
 Home Phone:
 Mobile Phone:
 Work Phone:
 E-mail:
 Relevant Qualifications:

Full Name:
 Home Phone:
 Mobile Phone:
 Work Phone:
 E-mail:
 Relevant Qualifications:

Full Name:
 Home Phone:
 Mobile Phone:
 Work Phone:
 E-mail:
 Relevant Qualifications:

Full Name:
 Home Phone:
 Mobile Phone:
 Work Phone:
 E-mail:
 Relevant Qualifications:

What are the main objectives of your group?

On which days and at what times would you want to use the Centre?

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