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Civilian Group (Med.) Membership Application Form - 2024

Name of Group:

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

What are the main objectives of your group?

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

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