



Children's Hunger Relief Fund UK

Membership Form

Personal Detail

Name:

Middle Name:

Last Name:

Male/Female:

Age: (21 - 30) (31 - 40) (41 - 50) (51 -60) (61 – 70) (Over -70)

Address:

Postcode:

Tel: (Home):

Tel: (Mobile)

Email:

Fax:

Signature:

Date:

(Kindly post it to: The Hon. Secretary / CHR UK, 106 Parkside Drive Watford WD17 3BB)

Introduced By: (name of the current member of CHR-UK:

Membership Approved By: Chairman (Board of Trustees)

Date approved:

Date of annual membership fee received: (£ 12-00)