



**Associate Membership Form**

Please Return This Application Form To Alexandra Bowley  
 26 Knebworth Road, Bexhill on Sea, TN39 4JJ  
 Email: - edmcmembership@fsmail.net

Use BLOCK CAPITALS Please

**Personal Details**

Forename	
Surname	
Address	
Town	
County	
Post Code	
Telephone (Home)	
Telephone (Mobile)	
Email Address	
Web Forum User Name (If Already Registered)	

**Associated Member – (Who are you associated with)**

Member's Name	
Member's EDMC Number	
Relation to Member	
Any associated children under the age of 17? (Please give names)	

**[NB: Children under 17 do not need an Associate Members card and are free. However, names are required for insurance purposes]**

I enclose my EDMC Associate Member's fee of 50 pence

Signed : \_\_\_\_\_