



# The Association of Men of Kent and Kentish Men

## Membership Application Form

I/we wish to join the Association:

1 Full Name:  
(including Title) \_\_\_\_\_

2 Full Name:  
(including Title) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am eligible to join the Association because:

My connection to Kent:	Applicant 1	Applicant 2
Birth:	<input type="checkbox"/>	<input type="checkbox"/>
Marriage:	<input type="checkbox"/>	<input type="checkbox"/>
Direct decent:	<input type="checkbox"/>	<input type="checkbox"/>
Residence:	<input type="checkbox"/>	<input type="checkbox"/>

I am under the age of 18 and wish, therefore, to apply to be a Young Member.  
My date of birth is: \_\_\_\_\_

Branch preference (if any):

- |  |   |
|--|---|
| <input type="checkbox"/> Canterbury                    | <input type="checkbox"/> Medway                       |
| <input type="checkbox"/> Chislehurst & North West Kent | <input type="checkbox"/> Sittingbourne & Milton Regis |
| <input type="checkbox"/> Deal & Walmer                 | <input type="checkbox"/> Tonbridge & Tunbridge Wells  |
| <input type="checkbox"/> Faversham                     | <input type="checkbox"/> Weald                        |
| <input type="checkbox"/> Maidstone                     | <input type="checkbox"/> Whitstable                   |

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**This form may be submitted either to a Branch Secretary or to the Secretary of the Association (e-mail: [secretary@amkkm.org.uk](mailto:secretary@amkkm.org.uk)), along with the annual subscription (see website for details).**

By submitting this application form you consent to the storage and use of your personal information by the Association, and, if membership is granted, to the use of your name(s) and/or image(s) by the Association in its magazine, on its website, and in promotional material.