



### Membership Application Form

Please complete all sections of the form in BLOCK CAPITALS and send it, along with your membership fee to: **Paul Yeomanson - Membership Secretary, Shrimpers Trust, PO Box 5830, Southend on Sea, SS1 9FD**

All Trust Members **MUST** complete a membership form.

#### YOUR DETAILS

Surname:  First Name:

Address:

Post Code:  Tel. Number:  Occupation:

Mobile Tel. No:  Please tick box if you **do not** wish to receive Trust updates by SMS Message.

The cost of contacting you is reduced if we can email you. If you have an email address please print it below.   
This will be the preferred form of contact from the Trust. **If you prefer to be contacted by post please tick here.**

Email Address:

**Shareholder Information:** Please tick if you hold shares in Southend United Football Club   
Please tick if you are willing to be contacted regarding the issue of proxy voting rights

#### MEMBERSHIP TYPE

Please tick the appropriate box to confirm your membership type.

1 Year Adult (postal account) - £15.00  1 Year Adult (email account) - £7.00

2 Year Adult (postal account) - £22.00  2 Year Adult (email account) - £10.00

3 Year Adult (email account) - £15.00

1 Year OAP/Student\* (postal account) - £12.00  1 Year OAP/Student\* (email account) - £5.00   
/Disabled /Disabled

2 Year OAP/Student\* (postal account) - £18.00  2 Year OAP/Student\* (email account) - £8.00   
/Disabled /Disabled

\*Please note that Students will be required to show their Student ID Card as proof of status. Date of Birth:  /  /

Life Membership\* - £100.00  Life Membership\* - 70 or over- £70.00

\*Please note that all Life Memberships require an email address.

#### DONATION

I wish to donate to the Shrimpers Trust the sum of £  over and above my membership fee.

#### PAYMENT DETAILS

Please make cheques/postal orders payable to: **The SHRIMPERS TRUST** Total payment enclosed: £

#### WHERE DID YOU HEAR ABOUT THE SHRIMPERS TRUST

Shrimpers Bar  Trust Website  Club Shop/ Ticket Office  SZ or Other Message Boards  Other (please state)

#### DECLARATION

I wish to become a member of the Shrimpers Trust.

Signed:  Date:  /  /

#### OFFICE USE ONLY

Date Application Received:  Membership No:  Share No:  Expiry Date: