## WWW.SHR&MPERS TRUST.co.uk

## **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 DETAIL	_8
Surname:	First Name:
Address:	
Post Code:	Tel. Number: Occupation:
Mobile Tel. No:	Please tick box if you <b>do not</b> 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. <b>If you prefer to be contacted by post please tick here.</b>	
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	P TYPE
Please tick the appropriate box to confirm your membership type.	
1 Year Adult - £7.	.00 1 Year OAP/Student*/Disabled - £5.00
2 Year Adult - £10	0.00 2 Year OAP/Student*/Disabled - £8.00
3 Year Adult - £15.00	
*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 Memberships require an email address.	
DONATION	
I wish to donate to the Shrimpers Trust the sum of £ over and above my membership fee.	
PAYMENT DE	TAILS
Please make cheques/postal orders payable to: The SHRIMPERS TRUST  Total payment enclosed:	
WHERE DID YOU HEAR ABOUT THE SHRIMPERS TRUST	
Shrimpers Tru Bar We	ust Club Shop/ SZ or Other Other (please state)
DECLARATION	
I wish to become a member of the Shrimpers Trust.	
Signed: Date: / /	
OFFICE USE ONLY	
Date Application Received:  Membership No:  No:  Share No:  Date:	