

REGISTRATION FORM

MOISTEN AND SEAL

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**1 YOUR DETAILS (PLEASE USE BLOCK CAPITALS)**

PLEASE CIRCLE SURNAME FORENAME(S)  
 MR, MRS, MS, MISS

DATE OF BIRTH  MEMBER NUMBER

FULL POSTAL ADDRESS CONTACT EMAIL ADDRESS   
 CONTACT TEL. NUMBER   
 POSTCODE

**2 YOUR EMPLOYMENT DETAILS (IF APPLICABLE)**

FULL NAME OF YOUR EMPLOYER WORK LOCATION

**3 DETAILS OF PARTNER AND DEPENDENT CHILDREN COVERED BY YOUR MEMBERSHIP (WHERE APPLICABLE)**

SURNAME	FORENAME(S)	DATE OF BIRTH	RELATIONSHIP
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**4 DECLARATION**

I give my consent to all processing of personal and sensitive data. I declare that all information is accurate, true and complete to the best of my knowledge and belief.

SIGNATURE DATE  
  / /



Health Shield Friendly Society Ltd., Electra Way, Crewe Business Park, Crewe, Cheshire, CW1 6HS.  
 Telephone: 01270 588555 Fax: 01270 251366 Opening hours: 8.00am to 6.00pm, Monday to Friday  
 Email: info@healthshield.co.uk Website: www.healthshield.co.uk

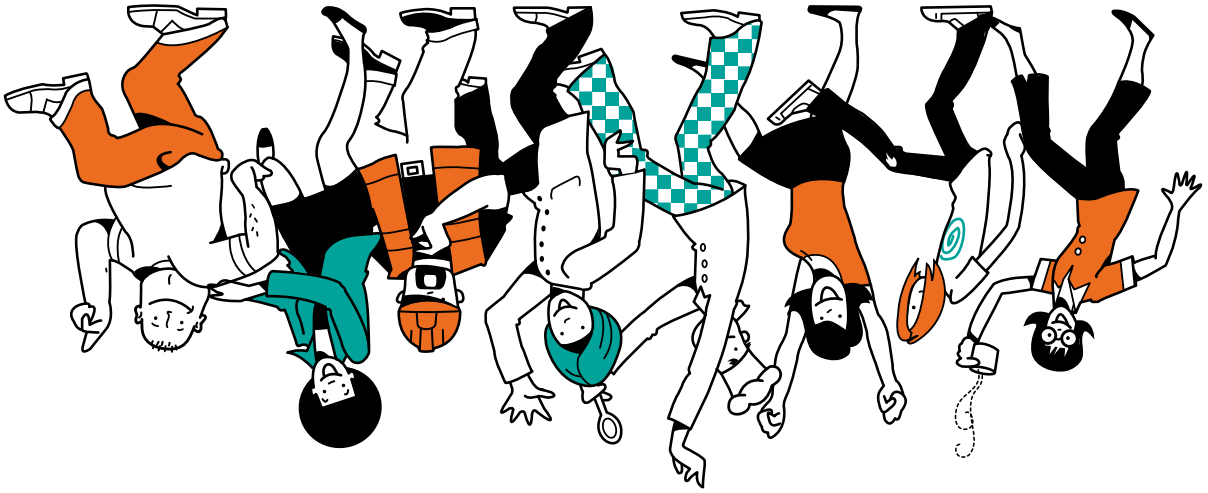
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RF/JANUARY2010



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