

BRITISH VETERANS FAMILY CARD APPLICATION FORM

FAMILY RECOGNITION CARDS WILL BE SENT TO THE MEMBER'S ADDRESS

Member's Details

Membership No: _____ Name: _____

Post Code: _____

Relationship to the Member:

Wife Husband Son Daughter

Personal Details

Mailing Title: Mr Mrs Miss Other

Surname: _____ Address if different to Main Card holder

Forenames: _____

Contact Tel: _____

Email: _____

Date of Birth (dd/mm/yy): ___ / ___ / ___ Post Code: _____

Current Occupation: _____

Marital Status: _____

I enclose a current passport photograph, signed on the reverse.

To corroborate my photograph I enclose a photocopy/scan of the whole page, including the picture, of my EU Driving Licence or Passport.

I wish to apply for membership as follows:

1 year at £ 7.50

5 years at £35.00

I certify that the information provided above is correct.

Signature: _____

Date: _____

Please see next page for Payment Options

