

MEMBER REGISTRATION FORM

Mr/Mrs/Miss/Ms

Mr/Mrs/Miss/Ms

Surname: _____

Surname: _____

First Name: _____

First Name: _____

Date of Birth: _____

Date of Birth: _____

Languages: _____

Languages: _____

I/We would like to register as a member(s) of the Swiss Church in London:

Signature: _____

Signature: _____

Date: _____

Date: _____

Address: _____

City: _____ Postal Code: _____

Tel: h: _____ email: _____

Children: First Name	Surname	Date of Birth	Languages
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My/our financial contribution for this year will be: £ _____

Please make your cheque payable to the "Swiss Church in London", or use the enclosed Standing Order Form.

In compliance with the Data Protection Act, we are informing you that the information on this form will be kept on the database of the Swiss Church in London and will be used for Church related purposes only. SCL 05/03