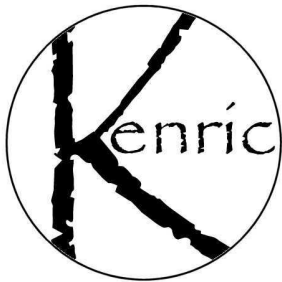


RENEWAL



Application Date : Membership no :
(if known)

I / We have read and accept the terms & conditions overleaf and wish to
renew My / Our membership of Kenric

SUBSCRIPTION RATES [with effect 1 January 2010]

Overseas applicants - add £10 Europe and £25 overseas to cover newsletter delivery to your postal zone

Please tick the membership category for which you are applying

Note : please see over for details of eligibility for concessionary / joint rates

- Single £30.00 Concessionary £25.00 70+ concessionary £16.00
 Joint £40.00 Joint Concessionary £35.00 70+ Joint £25.00

£..... payment by Cheque Postal order, payable to 'Kenric' by direct transfer to Kenric's bank

Your details - please PRINT clearly throughout and as appropriate]

	1 st Applicant	2 nd Applicant (if Joint membership)
Full Name		
Basis for Concession	<input type="checkbox"/> State benefit? <input type="checkbox"/> State Pension? <input type="checkbox"/> Student? <input type="checkbox"/> Copy proof of status enclosed (see over page)	<input type="checkbox"/> State benefit? <input type="checkbox"/> State Pension? <input type="checkbox"/> Student? <input type="checkbox"/> Copy proof of status enclosed (see over page)
How did you hear about Kenric?	<input type="checkbox"/> Word-of-mouth <input type="checkbox"/> Gay press <input type="checkbox"/> Internet <input type="checkbox"/> Other :	<input type="checkbox"/> Word-of-mouth <input type="checkbox"/> Gay press <input type="checkbox"/> Internet <input type="checkbox"/> Other :
Age range	<input type="checkbox"/> 16-17 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30s <input type="checkbox"/> 40s <input type="checkbox"/> 50s <input type="checkbox"/> 60s <input type="checkbox"/> 70s+ ...	<input type="checkbox"/> 16-17 <input type="checkbox"/> 18-29 <input type="checkbox"/> 30s <input type="checkbox"/> 40s <input type="checkbox"/> 50s <input type="checkbox"/> 60s <input type="checkbox"/> 70s+ ...
Disclosure?	I'd like my contact details to be disclosed to my Local Representative <input type="checkbox"/> Yes <input type="checkbox"/> No	[Not applicable to other joint member]
Applicant(s) Consent	I have read and accept the terms of membership detailed in the Applicant Declaration overleaf Signature:.....	I have read and accept the terms of membership detailed in the Applicant Declaration overleaf Signature:

Full Name and Address (please PRINT clearly).....

Town County Post Code.....

Country (if other than UK)

Email :

Phone :

Mobile:

Send completed form with payment to:

Membership, BM K, London WC1N 3XX

Or if paying by direct transfer to Kenric's bank, email your application

to: Kenric.Membership@live.co.uk

For Kenric use only

Date received:

Correct Mship Subs Paid: OR owing: £.....

PAID by: BACS Cash Cheque Postal order

Date Processed:

Mship Number(s):

New Expiry Date:

Date Card sent:

*Thanks for your membership of KENRIC,
the nationwide organisation for lesbians of all ages
Run by its members, for its members*

Please read carefully the details about membership eligibility and your obligations in the Declaration below, before signing your Application on the front of this form

ELIGIBILITY? The Kenric Constitution explains fully the rules and procedures governing Kenric and is available to all current members upon request. Put simply:

- **Single** membership is open to any woman (including a post-operative male-to-female transsexual woman) **identifying as lesbian** and aged 16 years and over, subject to the Declaration below.
- **Joint** membership is for two such women living at the same address who agree to share the newsletter. It is not necessary to be partners, but to be Joint, **membership must run from the same date**. Both Members are issued with a Membership card and have full benefits and rights of membership but only one name will appear on any correspondence & only one newsletter will be supplied.
- **Concessionary** membership may be claimed by demonstrating that the applicant receives state pension, state benefit or has full-time student status. Proof of status (eg benefit book, DSS letter, Student card, birth certificate) **MUST** be sent with this form. Please send only copies (not original documents); and note that you need only provide this once on becoming eligible on receipt of state pension, and then once if claiming entitlement to the further reduction on reaching the age of 70.
- Post-operative proof may be required from eligible transsexual applicants.
- Female-to-male or pre-operative male-to-female transsexual persons are **NOT** eligible for membership.

CONFIDENTIALITY: All applicant's details are kept confidentially on the Kenric membership database, and are used to distribute the Kenric newsletter. Your details will never be disclosed to third parties without your express, written permission. However, Kenric operates nationwide through an appointed network of Local Representatives who organise local interest and social activities for members in their area.

It would greatly help your Local Rep to be able to contact you direct with details of Kenric activities.

Please indicate your preference under the 'Disclosure' section overleaf to allow this limited disclosure of your basic contact details for this purpose only.

★★★★★★★★★★★★

DECLARATION of APPLICANT(s) - by my signature overleaf, I confirm:

- I am a lesbian woman over the age of 16 years and I agree to be bound by the Kenric Constitution and to indemnify and keep indemnified Kenric or any Member in the event of any legal proceedings arising from my membership.
- I agree to treat the newsletter and any information, including addresses and telephone numbers, as strictly confidential.
- I agree not to disclose nor cause to be disclosed any such information to any individual unless she is a member of Kenric.
- I do not object to the details contained in this Application being held on the confidential Kenric database.

★★★★★★★★★★★★

**Welcome to KENRIC !!
Uniting Lesbians Nationwide**