



Membership Form

Name.....

Address.....

.....

Tel.....

Email.....

Group/Organisation.....

Contact Name of Person Running Group/Organisation

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Contact Address of this Person

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Contact Telephone number of this Person

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This person will be contacted to confirm agreement of person attending SURG as a representative of their group/organisation

Please send completed form back to SURG Administrator, c/o Bristol Mind, 35 Old Market Street, Bristol, BS2 0EZ. Thank you.