

# Membership Renewal Form

**HiARA 2017/18**

I/we wish to renew my/our membership of Higham Active retirement Association

**Full Name** .....

**Mr /Mrs /Miss /Ms**  
(delete as appropriate)

**Membership No,** .....

**Full Name** .....

**Mr /Mrs /Miss /Ms**  
(delete as appropriate)

**Membership No,** .....

**Address** .....

.....

**Post Code** .....

**Telephone No,** .....

Please put completed form in a sealed envelope together with YOUR CURRENT membership card(s) and a cheque made payable to HiARA or cash to the value of £10 / £20 and bring it to a monthly meeting or return / send to :- Jenny Mount 4 Northridge Road Gravesend Kent DA12 5AY