



**NEW MEMBERS INSURANCE COVER**

**For the first practice**

**(Remember claim must be done in the first 21 days)**

**Full membership to be completed in the first month**

**Mr, Mrs, Miss, Master. Surname.....**

**Full Forename/s.....**

**Address.....**

.....

**Post Code.....**

**Telephone Number.....**

**Email Address.....**

**Insurance fee. £1.50.      Paid Yes/no**

**Signed new member.....**