**Life Membership Application Form**

Full name:

Address:

In what year were you last a full-time student?:

Course:

Email address:

Contact number:

Signature: . Date:

Please return your completed form, along with the amount of £10, to the HUBS. The application will then be submitted to the next Officer Committee

meeting for approval and you will be notified of the outcome as soon as possible after the meeting. \*Replacement cards will incur a cost of £5.

**Cheques should be made payable to Sheffield Union.**