



## Youth Membership

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**Please complete and return to:**

CHOG Membership  
1 Bodowen Road  
Burton  
BH23 7JL

**Details**

Name

.....

Email Address

.....

Tel. No. (optional)

.....

Date of Birth

.....

**Consent**

- I consent to my details being passed to the partner organisations , in order to obtain free membership of them. See [chog.org.uk/youth-membership](http://chog.org.uk/youth-membership) for a list of partner organisations.

If you are under 18, a parent or guardian's signature is required.

Name

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Relationship

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Signature

.....

Date

.....