

NEXCO

MEMBERSHIP APPLICATION FORM

Website: www.nexus-uk.co.uk

We hereby apply to be accepted as members of NEXCO

PLEASE PRINT THROUGHOUT

FULL NAME 1:	FULL NAME 2:
FULL ADDRESS:	HOME TEL. NO.: (INCLUDE AREA CODE)
	MOBILE: NO. 1: NO. 2:
	HOME EMAIL ADDRESS:

How would you like to receive the Nexcommunicator: Post..... Email..... Please tick one

The information above is true, we undertake to hold all information supplied by Nexco in complete confidence at all times. We affirm that the function of Nexco is the provision of information given to it by its members to facilitate communication, and we give our permission for information supplied above (names, telephone numbers and email addresses) to be circulated to other members and posted on the Internet using relevant security measures. We clearly understand that Nexco offers members the means to create a better life by communicating and meeting socially, and that it is not responsible for any occurrence as a consequence of any meeting with, or friendship formed as a result of membership. We apply to be accepted for membership on this basis.

SIGNATURE 1:	DATE:	SIGNATURE 2:	DATE:
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How did you find out about Nexco?
(If through a newspaper or magazine, it would help if you could give us the name)

If through Nexco or Nexus members, who?
(Names, membership no. and area if possible)

ANNUAL SUBSCRIPTION (Inc. V.A.T) PER COUPLE	£70.00	75 Euros	<input type="checkbox"/>	Please tick one	Annual Membership for Half-Yearly Subscription - if returned by: 30/12/09
HALF-YEARLY SUBSCRIPTION (Inc. V.A.T) PER COUPLE	£40.00	45 Euros	<input type="checkbox"/>		

Please make all cheques payable to NEXCO. Allow at least 14 days for your application to be processed.

NEXCO / NEXUS ACCEPT THE FOLLOWING METHODS OF PAYMENT BY LETTER POST OR FAX:

CHEQUES: EURO CHEQUE / UK CHEQUE / UK POSTAL ORDER

CREDIT CARDS: AMEX / DELTA / ELECTRON / JCB / MAESTRO / MASTERCARD / SOLO / UK MAESTRO / VISA -

Please debit my account No.: _____ Issue No. (If applicable): _____

Expiry Date: _____ Valid From Date: _____ Security Code (last 3 digits on back of card): _____

Signature: _____ Date: _____

PLEASE NOTE FOR YOUR SECURITY THAT WE DO NOT ACCEPT CREDIT CARD DETAILS VIA EMAIL

PLEASE RETURN THIS FORM AND PAYMENT TO:
NEXCO, Nexus Head Office, 6 The Quay, Bideford, N. Devon, EX39 2HW, England. Tel/Fax: 0044 (0)1237 429786

OFFICE USE ONLY: Recd. at (_____) on _____
Recd. _____ Checked _____

BARBARA H. BRIGHT

WEBSITE _____
VAT REG. 222 1629 02

NEXCO

MAIL & MEMBERSHIP DEPT.

Nexus Head Office, 6 The Quay, Bideford, N. Devon, EX39 2HW, England.

Tel / Fax: 0044 (0)1237 429786

www.nexus-uk.co.uk

Please complete and return this form along with your application / renewal form to enable us to print and circulate your details on the Nexcommunicator.

FOLIO ENTRY FORM

We give permission for all details we have entered beyond the dotted line to be printed and distributed to other members (in the UK and abroad) and posted on the Internet using relevant security measures.

Full names:.....

Full address:.....

Signed:..... Date:.....

Signed:..... Date:.....

(To enable us to print your information we do require **both** members to sign and date above)



PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

First names:.....

Home telephone number:..... Area:.....

Mobile telephone number(s):.....

Home email address:.....

Membership Number:..... Expiry Date:.....

This section is for you to write a short story about yourselves. Perhaps your likes & interests, plans for the future, what your area is noted for and anywhere you could personally recommend staying should members visit your country:

Please continue on second sheet if necessary...

We give our permission for all details we have entered beyond the dotted line to be printed and distributed to other members (in the UK and abroad) and posted on the Internet using relevant security measures.

Signed:..... Date:.....

Signed:..... Date:.....

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Folio entry continued: