



## Board Member Contact Details (Form B18)

The following details are required for insurance purposes. All information will be treated and held in the strictest confidence.

Please complete **all** sections.

Name: .....

Address .....

.....

(include post code) .....

Work Telephone: .....

Home Telephone: .....

Mobile: .....

Date of Birth: ..... Current Age: .....

Next of Kin: .....

### **Emergency Contact**

Name: .....

Telephone: .....

Relationship: .....

### **IMPORTANT NOTE:**

It is a requirement of Board Membership for Members to have access to an email address, so that correspondence can be sent electronically, for speed and ease of communication.

Please send my e-mails to the following address:

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