



WWW.OMYOUTH.COM | INFO@OMYOUTH.COM | 07949 517790

OM Youth Membership Form

Title (Mr/Mrs/Miss/Ms/Dr) _____

First Name _____

Last Name _____

D.O.B _____

Address _____

Town/City _____

County _____

Post Code _____

Home Telephone _____

Mobile _____

Email Address _____

I hereby give consent to OM Youth to hold the above information on a computer for the sole use by the OM Youth.

Name _____

Signature _____ (Under 18's Parent/Guardian)

Date _____

Once completed, return this membership form to the given address below. All applications will be processed within 31days of receipt.

OM respects your privacy and fully complies with the Data Protection Act 1998.
By attending any of OM Youth's events, members and their guests are deemed to be giving their consent to the recording and transmission of their images.