Maidstone U3A										THE	E THIRD AG	E TRUST
Group Meeting Register										THE UNIVERSITY OF THE THIRD AG		HE THIRD AGE
	NAME	Member No	Emergency Phone No	Date	Date	Date	Date	Date	Date	Date	Date	Date
1												
2												
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Please	make sure that in the case of a medical emergency that	the Emergency Number	er you supply is the most	accessibl	e one, w	hether it	be a mo	bile phor	ne or land	dline		