

**Membership Information Collection Form**

YOUR NAME:

ADDRESS:

EMAIL:

PHONE NUMBER:

**Connection to SS Lisbon Maru**

RELATIVES NAME:

SERVICE NUMBER IF KNOWN:

SERVICE / REGIMENT:

SURVIVOR / LOST:

ANY ADDITIONAL INFORMATION YOU WISH TO SHARE ABOUT THEM:

Please send your completed form to: submissions@lisbonmaru.org.uk

ADMIN USE:

ADDED TO CONTACT LIST: DATE:

ALL DATA COLLECTED WILL BE STORED ACCORDING TO DATA PROTECTION REGULATIONS