MEMBERSHIP APPLICATION FORM



1. Payment Method:			
	Cash	Cheque	Debit / Credit Card
2. Your Details: Title: Forename(s):			
Surna	ame:		
Addr	'ess:		
Post	code:		
Phon	e Number:		
E-Ma	il:		
3. How would you like to hear from us? Post Email Both			
4. Gift	lf you are a UK tax paye		n y Weddw to reclaim the tax claimed for every £1 given)

Signature: