



Membership number \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP**

Current Subscription is: **£5.00** for unwaged or **£7.50** for waged per annum

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ MOBILE \_\_\_\_\_

DONATION £ \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

IS THIS A RENEWAL YES/NO

SIGNATURE \_\_\_\_\_

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Receipt

Membership number \_\_\_\_\_

NAME \_\_\_\_\_ AMOUNT PAID £ \_\_\_\_\_

DATE \_\_\_\_\_ STAFF SIGNATURE \_\_\_\_\_