



## Membership form 2015

Membership no.	
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### Personal details

Member's name	
Address	
Phone no.	
Email address: (one address per membership)	

### Membership details

Type of membership	Individual £25	Family £25
Date _____		

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## Membership receipt 2015

Membership no.	
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Member's name: \_\_\_\_\_

Type of membership: Individual  Family

Amount paid: \_\_\_\_\_

Date membership paid \_\_\_\_\_

Signature of committee member: \_\_\_\_\_