

APPLICATION FOR MEMBERSHIP OF THE SKIPTON FRIENDSHIP GROUP

Please complete this form in block capitals and return it to the Membership Secretary either at a meeting or by contacting him/her on: 07827 817255 for further details of where to send it.

I/We wish to apply for membership of the Skipton Friendship Group

NAME/S

ADDRESS

.....

POST CODE TEL NO:

MOBILE PHONE NUMBER:.....

E-MAIL ADDRESS:

Emergency Contact Details

Name of Contact: Relationship to you:

Their telephone no: Their mobile no:

The SUBSCRIPTION FEE, currently £15 per person annually, is due by the end of April, but reduced rates may apply for those joining after 1 October. Cheques should be made out to 'Skipton Friendship Group'. I/We enclose £.....

SIGNATURE: DATE:

Acceptance by Committee: Yes/No

Sign: Print name: Date: