

## MEMBERSHIP FORM

### MEMBERSHIP TYPE

- |   |   |
|---|---|
| <input type="checkbox"/> Adult £29                | <input type="checkbox"/> Life Member £600 |
| <input type="checkbox"/> Joint £48 (two adults)   | <input type="checkbox"/> Benefactor £1200 |
| <input type="checkbox"/> Child £14 (5 – 18 years) |   |

### YOUR DETAILS

Name: \_\_\_\_\_  
*(Please include all names)*

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### GIFT THIS MEMBERSHIP

This Membership is for:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### PAYMENT DETAILS

Please debit: £ \_\_\_\_\_ from my card.

Card number: \_\_\_\_\_  
*(the long number on the front of the card)*

Expiry date: \_\_\_\_\_ Issue number: \_\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_