

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

First name: _____ Surname: _____
(Please include all names for a Joint Membership)

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: _____