***Online Membership Application***

Name(s) of first adult:-

Second adult:-

Address:-

Postcode:-

Tel - Landline (Please advise if ex-directory):-

Tel - Mobile of first adult:-

Tel - Mobile of second adult:-

email address of first adult:-

email address of second adult :-

Names and ages of children under 18:-

Please indicate which class of membership is required annual Subscriptions are renewable January 1st:-

|  |  |  |
| --- | --- | --- |
|  |  | Single Person Membership £12.00 |
|  |  | Joint/Family Membership £18.00 |
|  |  | Corporate Membership £20.00 |

Please indicate how you wish to make payment, by Cheque or BACS (Delete as applicable)

BACS details will be sent on receipt of application

Please complete and return by email to [foctreasurer1959@gmail.com](mailto:foctreasurer1959@gmail.com)

or return by post enclosing cheque payable to **Friends of Chartres** to:-

The Treasurer (Friends of Chartres)

1A York Road

Chichester

PO19 7TJ

Telephone 01243 788833

Date:-

|  |
| --- |
| Please indicate how you became aware of 'The Friends of Chartres' Twinning Association:- |

Friends of Chartres Privacy Notice shown at [www.friendsofchartres.org.uk](http://www.friendsofchartres.org.uk)