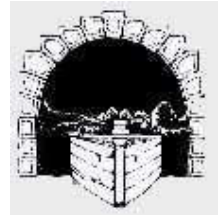


FRIENDS OF THE CROMFORD CANAL MEMBERSHIP APPLICATION FORM



Member(s) Name(s): Mr/Mrs/Miss/Ms _____

Mr/Mrs/Miss/Ms _____

Address Details:

House Name / Number: _____

Street Name: _____

Address Line 2: _____

Post Town: _____

County: _____

Post Code: _____

E-Mail Address: _____

Telephone Number: _____

Do you have any skills (either professional or from work or hobbies) which could be of use to the Friends?

Subscription type:	Single Adult:	£6.00
(Delete as applicable)	Couples:	£9.00
	Corporate Business:	£30.00
	Corporate Charity:	£15.00
	Overseas membership:	£11.00

Do you wish to be added to the Friends email list? **Yes / Not yet** (Delete as applicable)

I / we enclose a cheque / postal order for £ _____
Made payable to: **Friends of the Cromford Canal**

Signed:

Dated:

Please return your completed application form to:
Yvonne Shattower
Membership Secretary
Friends of the Cromford Canal
264 Bennett Street
Long Eaton
Nottingham NG10 4JA