

Please return fee and completed form to the Membership Secretary.	£12.00	£5.00	£10.00		
Title: Mr Mrs Miss Ms Dr Other	Adult	11 and under	Student	Sen. Cit	UB 40
Name:					
Date of Birth:					
Address:	Home Telephone:				
	Mobile Telephone:				
Postcode:	E-mail (please print clearly):				
Preferred way to receive newsletter					
Post: <input type="checkbox"/>					
Do you have any medical conditions that we should be aware about?					
Membership Secretary Laura Anderson 29 Bure Close Watlington PE33 0TN		FOR OFFICE USE ONLY			
		Membership No.	Treasurer.	List.	

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