



Membership Application Form

TITLE:

INITIALS:

FIRST NAME:

SURNAME:

ADDRESS:

TOWN:

COUNTY:

POSTCODE:

PHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

FEE ENCLOSED:

DONATION IF
DESIRED:

Please return this form with your cheque, payable to SCD&VSociety, for this year's membership fee of £2.00 to:

Mr P Baker
2 Prospect Close
Shepton Mallet
BA4 5YD