

Williton and District

Twinning Association
APPLICATION FORM

Please print

Applicant(s) Name:

Address:
.....
.....

Post Code:

Telephone No:

Names of
other family members:
.....

Family membership is £10 p.a.

Individual membership £5 p.a.

I/We wish to join and enclose a subscription of £..... payable to 'Williton & District Twinning Association'.

Signed: Date:

Please return to: Mr R. Miles, 45 Tower Hill, Williton TA4 4JR