## Application for Membership of Friends of Abbey Fields

Please complete all the details requested below. Fields marked \* are required.

I/We wish to join Friends of Abbey Fields

First Applica	nt			
First name *			Last name *	
Email *				
Telephone *				
Second Appl	icant (if applica	ble)		
First name			Last name	
Email				
Telephone				
Address (please enter your full address including postcode) *				
			Pleas	se tick this box if you require a receipt:
be used only by	members of the co			ny details on a computer but that these will o of the Friends of Abbey Fields. We will not
By ticking	g this box I confirm	my understanding and a	acceptance of the de	claration. *
Annual member	ship fee is £7.50 pe	r adult.		
		Standing Order to acco ends of Abbey Fields".	unt 40-26-04 81330	209 using your last name as the reference.
<b>POST:</b> Please ret	turn this form (and	cheque if applicable) to:	Membership Secre	tary, 16 Towers Close, Kenilworth, CV8 1FG
Please tick a box	to indicate your me	ethod of payment *		
Cheque ir	ncluded	BACS		Standing Order
Signature *			Date *	

## **Important Notes:**

- 1. We will be unable to process your application if we do not receive your payment within 7 days.
- 2. Our membership year is 1 July to 30 June of the following year, If you join between 1 July and 31 December your first renewal date is 1 July the next year. If you join between 1 January and 30 June your first renewal date is 1 July the following year.