

## APPLICATION FOR MEMBERSHIP

I / We wish to join The Friends of Castleshaw Roman Forts, as an:

**INDIVIDUAL / FAMILY / STUDENT** member (delete as appropriate)

Individual £12; Family - £17. Membership runs from 1<sup>st</sup> Jan. to 31<sup>st</sup> Dec. annually.

**Title**..... **Forename\***..... **Surname\***.....

**Title**..... **Forename**..... **Surname**.....

**CHILDREN** (please use an additional form for more than two children)

**Forename**..... **Surname**..... **dob**.....

**Forename**..... **Surname**..... **dob**.....

**Email address\*** (1) .....

**Email address** (2) .....

**Postal address\*** .....

..... **Postcode\***.....

**Phone**..... **Mobile** .....

\* Required information

### METHOD OF PAYMENT

**PayPal**

**Cheque enclosed for £** ..... (payable to Friends of Castleshaw Roman Forts)

**Bank transfer to Friends of Castleshaw account:**

For the amount of £..... (Please contact the treasurer for Account details)

**I / We wish to make a donation of £**.....Cheque/Bank transfer (delete as appropriate)

**Signed**..... **Date**.....

Please email [membership@castleshawarchaeology.co.uk](mailto:membership@castleshawarchaeology.co.uk) for the address to which you send the completed form and cheque.

Confirmation will be sent by email.

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