

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 1st Jan. to 31st 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

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 for the address to which you send the completed form and cheque.

Confirmation will be sent by email.
