

APPLICATION FOR MEMBERSHIP

Single: £8.00

Family: £15.00

(includes anyone under 18)

I/We apply for membership of
Haslemere & District Twinning Association

Surname
(Mr, Mrs etc)

Forenames:
.....
.....
.....

(Family members: Please give names of all members and
ages of under 18's)

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

Tel:

Email:

Enclose cheque for £:

Date:

Signature:

Knowledge of French or German
is not essential for membership.

When complete (see also other side), return with cheque
made out to: Haslemere & District Twinning Association to:

Membership Secretary
Ann Fitchett
23 Priorswood
Haslemere
Surrey GU27 1NF

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OPTIONAL QUESTIONS

Answering the questions below will help us to match you with as appropriate a 'twin' as possible.

Please tick and identify each adult with initials e.g. ✓ (CB).

If you have not already done so, complete the application form on the other side.

Level of Spoken None Limited Moderate Good

German

French

Age group 18-30 31-45 46-60 60+

Would you like to visit: Horb Bernay Both Neither

Job/Profession

Retired? Yes No

Interests
.....
.....
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