APPLICATION FOR MEMBERSHIP

I / We wish to join The Friends of Castles	
INDIVIDUAL or FAMILY	member (Select as appropriate)
Individual - £ 15; Family - £20. Membersh	ip runs from 1 st Jan. to 31 st Dec. annually.
Title Forename*	Surname*
Title Forename	Surname
Email address(es)*	
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 Castles	shaw account:
For the amount of £	(Please contact the Treasurer for Account details) treasurer@castleshawarchaeology.co.uk
Any additional donations would be gratef	iully received:
☐ I / We wish to make a donation of £	Cheque Bank transfer

Please email treasurer@castleshawarchaeology.co.uk for the address to which you send the completed form and cheque.

Confirmation will be sent by email