

FOLK Membership Application Form

Name				
Addre	ess			
		Postcode		
Tel. N	lo. (optional)			
E-mai	I			
l agre	e to receive communications, e	.g. newsletters,	by email	
Reaso	on for interest in FOLK (optional)		
Pleas	e circle the membership type re	quired below:		
Individual Members		One Year	Five Years	
1.1	Full Rate (per person)	Free [#]		
1.2	Concessionary Rate* (pp)	Free [#]		
1.4	Family Rate**	Free [#]		
Orgai	nisational Members			
2.1	Non-commercial	£10	£40	
2.2	Commercial	£25	£100	
** (# F	Jnemployed/unwaged, students Jp to two adults plus children. Free annual membership, and re donations will be gratefully recei	enewal, is being		ed period. Voluntary
Signa	ture			

Note: FOLK will use your personal data for its own purposes only and in accordance with its data policy (this can be found on FOLK's website www.leckhamptonhill.org.uk). By completing and submitting this form you are confirming your acceptance of this policy as it applies to your personal data.

To join FOLK please send this completed form and, if applicable, a cheque payable to 'Friends of Leckhampton Hill and Charlton Kings Common' to:

Mrs A North Membership Secretary Shackleton Daisybank Road Cheltenham GL53 9QQ