

Membership Application Form



TITLE (MR/MRS/MS ETC) FIRST NAME.....

SURNAME.....

ADDRESS.....

.....

.....

POSTCODE.....

Please tell us your E-MAIL ADDRESS if you have one.

.....

MEMBERSHIP NUMBER: Optionally, you may select a membership number in the series 43002-198, for an additional one-off payment of £1. Please enter you preference below, or contact us to check availability (contact details are below).

PREFERENCE No. 1 43 PREFERENCE No. 2 43

PREFERENCE No. 3 43 PREFERENCE No. 4 43

1 Year's Membership	£15-00
Membership number choice (£1-00; optional)	£.....
Donation (optional)	£.....
Total	£.....

I agree to abide by the rules laid down in the Group's Constitution and I enclose a cheque or postal order payable to "125 Group" for the above amount.

In accordance with the Data Protection Act I understand that the 125 Group will retain my details on file for the sole purpose of addressing its envelopes and that my details will not be passed on to any other organisation without my express permission.

SIGNED..... DATE / / 20.....

Please send your completed membership form with your payment to:
"125 Group" Membership Secretary,
54 The Bridleway,
Forest Town,
Mansfield,
Nottinghamshire,
NG19 0QJ.

You may also email our Membership Secretary at join@125group.org.uk