

CAPEL HORTICULTURAL SOCIETY

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Title:

Phone:

Mobile:

Current address:

Postcode:

Email:

PARTNER INFORMATION IF JOINT MEMBERSHIP

Name:

Title:

Phone:

Mobile:

Email:

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:

Name:

Date of birth:

Date of birth:

Name:

Name:

Date of birth:

Date of birth:

SIGNATURES

Signature of applicant:

Date:

Signature of partner:
(Only if joint member)

Date:

Single adult membership is £5.00 per annum
Joint membership (two adults at the same address) £8.00 per annum
Children 15 and under free
An annual membership runs from 1 January to 31 December

Cheques payable to: Capel Horticultural Society
Mail to: CHS Membership Secretary, 37 The Street, Capel, RH5 5LD