



MEMBERSHIP FORM

Evenings only

NOTE: Membership fee £15/month paid via monthly Bank Standing Order mandate

Paying by standing order please tick box. (See note 2 below)

Prof, Dr, Mr, Mrs, Ms, Miss Surname First Name Address Postcode e-mail Address Telephone Date:.....	Amount due if paying Annually £ <input style="width: 100%; height: 20px;" type="text"/>
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Additional Full Members at above address Prof, Dr, Mr, Mrs, Ms, Miss

Surname	First Name	<input style="width: 100%; height: 20px;" type="text"/>
Surname	First Name	<input style="width: 100%; height: 20px;" type="text"/>
Total Payable £		<input style="width: 100%; height: 20px;" type="text"/>

NOTES:

Completed Standing Order mandates to be attached and sent to either address below.
A cheque for £20 should be attached to the completed form. To cover the first month's payment and administration costs. The first month's payment is for the full or part month prior to the commencement of the standing order and Public Liability insurance cover. Please note members should be aware that Personal Accident Insurance cover is not included.

Queries: cgasc@btinternet.com

I agree with the terms of membership stated above

Signature

Date

**** Please send completed membership form together with 2 passport size photographs for each member included on membership form to :**

Andy Jex
 3 Hillview Road
 Irby
 CH61 4XH
 Tel: 7895837638

OR

Jean Robb
 36 Caldys Road
 West Kirby
 CH48 2HQ
 Tel: 625-2619

16/03/2021