



SLEDMERE FRIENDS MEMBERSHIP APPLICATION FORM

SF

Issued on / / 2019

Title..... Name.....

Signature Date.....

Address.....

..... Post Code

Email Address.....

Please read the below statements carefully and tick the corresponding boxes if you wish to be added to the specified mailing lists. Please leave the boxes blank if you do not wish to be added to the mailing lists.

- I confirm by ticking this box that I would like to be added to the 'Sledmere Friends' mailing list to receive e-newsletters for the duration of my 2019 membership
 - I confirm by ticking this box that I would like to be added to the postal mailing list for the duration of my 2019 membership
 - I confirm by ticking this box that I would like to be added to the mailing list for e-newsletters once my 2019 membership has expired
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