

NOTE: Please return completed Membership Enrolment Form to:
Dr Nira Jeyakanthan, 54 Albury Drive, Pinner, Middlesex HA5 3RE Tel: 07951727614



COLOMBO SHEPHERDIANS IN THE UK

MEMBERSHIP ENROLMENT FORM

(PLEASE COMPLETE IN CAPITAL LETTERS)

Membership No: _____

Name: _____
Miss/Mrs/Ms *First Name* *Surname*

Maiden Name: _____

Address: _____

Post Code: _____

Telephone No: _____
Daytime *Evening* *Mobile*

Email Address: _____

Preferred Method of Contact (Please Tick)

Email	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Post	<input type="checkbox"/>
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I enclose:

£50 Life Membership

£25 Life membership for past pupils over 60 years of age

£5 Annual Membership for each Calendar Year

Signature: _____ Date: _____

Proposed by: _____ Date: _____

Please make cheque payable to: The Colombo Shepherdians in the UK

Receipt required: Yes / No

Receipt (to be completed by Membership Secretary)

Received the sum of: £ _____ as membership subscription

for the year/s: _____ Life _____

From: _____ Membership No: _____

Thank you _____ Date: _____

Signed: Membership Secretary