NOTE Please return completed Membership Enrolment Form to:
Mrs. Felicia James, 68 Stoughton Avenue, Cheam, Surrey, SM3 8PQ

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		Telephone		Post	

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