

# Storrington & District Twinning Association



## Application for membership

Your Address:-

Tel. Number

Type of membership required  
(please tick appropriate box)

Individual   
Household

£5 per year  
£10 per year

Please complete the following section, listing each person to be included in the membership and ignoring any parts that you do not wish to answer.

Title	First Name	Surname	Year of birth	Profession & Interests

Please continue overleaf if more space is required.

If you would like to enter into correspondence with a family in Villerest, please tick this box and state any preferences you may have.

If you are able to offer help (hospitality, transport, bedrooms etc), please detail below.

Please return this form with your subscription (cheques payable to Storrington & District Twinning Association) to  
The Secretary, SDTA, Hareta, Nightingale Lane, Storrington West Sussex RH20 4NU

Signed

Date