



Membership Application / Renewal Form

First Name

Last Name

Address

Telephone

Email

Please tick the appropriate membership level :

- Single (£3.00 a year)
- Family (£6.00 a year for up to four people at the same address)

For Family membership, please list up to three other family members :

Name

Name

Name

- Please tick this box if you are renewing a previous membership

I give my consent for FOCW to contact me by :

- Email
- Post

Signature

Date

Please complete this form and return it with your payment :

- Hand in to Angela's Creations, 152 Greenwood Road, Bakersfield (open Tues-Sat 9:00am-1:00pm)
- Post to FOCW Membership Secretary, 182 Oakdale Road Carlton Nottingham NG4 1AH