

# Membership Application

[ Please write in Capital Letters ]

I wish to join the **Lichfield Civic Society**

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

E/mail: \_\_\_\_\_

**Annual Membership:**

Individual £ 15.00

Cheques should be payable to The Lichfield Civic Society

Members joining between 1st October and 31st January will have their membership extended until 31st January of the following year.

**Data Protection Act:** *How we deal with your information*

Lichfield Civic Society will not use your details for any purpose other than for administering the affairs of the Society.

*Please return this form to the Membership Secretary:*

*Ana Taylor, C/o. 22 Wade Street, LICHFIELD, Staffs. WS13 6HL*

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