



# COLEFORD TWINNING ASSOCIATION

## Membership application form

Mr / Mrs / Miss / Ms

Forename(s).....

Surname(s).....

Address.....

.....

.....

Post Code.....

Telephone..... Mobile .....

Email.....

What knowledge or skills do you feel that you could offer the Association?  
e.g French speaker,

What aspects of the twinning association interests you most?  
e.g family twinning, improving French speaking etc.

**Send to, along with your £10 membership fee (cheques should be made out to Coleford Twinning Association):**

The Secretary  
Coleford Twinning Association  
c/o Coleford Town Council  
The Town House  
Lords Hill Walk  
Coleford  
GL16 8BD

### Data Protection Act

The information provided above will be maintained on a computer. It will be used by Officers of the Association and will not be passed to any other organisation without first obtaining your express permission.