



COLEFORD TWINNING ASSOCIATION

Organisation membership application form

Name of Club or organisation.....

Contact person at Club or Organisation:

Forename(s).....

Surname(s).....

Address.....

.....

.....

Post Code.....

Telephone..... Mobile

Email.....

What knowledge or skills do you feel that your organisation could offer the Association?
e.g Venue for events

What aspects of the twinning association interests your organisation most?
e.g joint events,

Send, along with your £25 organisation membership fee (please make cheques payable to Coleford Twinning Association) to:

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.