



COLEFORD TWINNING ASSOCIATION

Family membership application form

Contact person within family:

Name(s).....

Address.....

.....

.....

Post Code.....

Telephone..... Mobile

Email.....

Other family members (please give ages if under 18)

Name 2

Name 3

Name 4

What knowledge or skills do you feel that your family could offer the Association?
e.g French speakers in family.

What aspects of the twinning association interests your family most?
e.g family twinning.

Send, along with your £20 family membership fee (Cheques should be made payable 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.