

RIVER FOSS SOCIETY MEMBERSHIP APPLICATION FORM

Please fill out the form in Block Capitals

Please enrol me/us as member(s) of the River Foss Society:

Please enrol me/us as member(s) of the River Foss Society:

Name(s):

Address:

.....

Post Code:

Email Address:

Tel No:

Cheque enclosed £

(Made payable to River Foss Society)

Please state any special interests:

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