

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:

Name(s):

Address:
.....

Post Code:

Email Address:

Tel No:

Cheque enclosed £
(Made payable to River Foss Society)

Please state any special interests:
.....

How did you hear about us?
.....

If you would prefer to have a copy of the newsletter emailed to you rather than a paper copy, please tick the box.

By completing this form you consent to the RFS holding the above information and using it to communicate with you.