

Request to join Fopp Group

Name:.....

Address:.....

.....

.....

Post Code:.....

Contact Tel. No- home :

Contact Tel. No Mobile :

Email:.....

I wish to join the FOPP Group and agree to abide by its Constitution, a copy of which I have read (can be downloaded from this website).

Signed:.....Date:.....

Membership category (please cross out)

Individual Membership fee £2/annum / Family member £5.00 per annum

I give my permission for my name, address(s) and telephone number(s) to be included on the Register of Members, of the fopp.

No copy of the Register will be held by or made available to any person other than the membership secretary for administration purpose only and are not to be used by any other members.

Signed:.....

