

Date					
Mbr No					

WORKINGTON AND DISTRICT CIVIC TRUST

MEMBERSHIP FORM

Please complete in block capitals and return to any member of the executive committee, or the secretary – details below.

FULL NAME: [MR/MRS/MS]	
FULL ADDRESS	
POST CODE	
TELEPHONE NO	[CODE]
E.MAIL ADDRESS	
Please forward £6.00 annual membership fee to:- Secretary	Mrs Betty Kent, 34 Dora Crescent, Workington, CA14 2EZ

I agree to abide by the Constitution

Signed: ____*_____

Date: ____*_____