

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**

<b>FULL NAME: [MR/MRS/MS]</b>	
<b>FULL ADDRESS</b>	
<b>POST CODE</b>	
<b>TELEPHONE No</b>	<b>[CODE]</b>
<b>E.MAIL ADDRESS</b>	
<b>PLEASE FORWARD £7 ANNUAL MEMBERSHIP FEE TO:- SECRETARY</b>	<b>MRS BETTY KENT, 34 DORA CRESCENT, WORKINGTON, CA14 2EZ</b> Please make cheques payable to "Workington & District Civic Trust"

**I AGREE TO ABIDE BY THE CONSTITUTION**

**SIGNED:** \_\_ \* \_\_\_\_\_

**DATE:** \_\_ \* \_\_\_\_\_

Chair: Miss Anne Burton 47 Stanbeck Meadows WORKINGTON CA14 3ND
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