** MEMBERSHIP FORM**

**I wish to join the Friends of Dothill Local Nature Reserve (FDLNR).**

PLEASE PRINT CLEARLY

Title: ................ First Name: ......................................................................

Surname: ...................................................................................................

I confirm that I am over 18 years of age. *(Tick box):*

*(Under 18s must provide date of birth for insurance purposes)…………………………*

Address: ....................................................................................................

...................................................................................................................

Contact phone number: ............................................................................

Email: ........................................................................................................

**I am happy to be contacted by email by phone by post with information from FDLNR.**

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

**DATA PROTECTION:** Your details will only be used for membership administration purposes within the FDLNR group and will not be shared externally with any third party.

*Please tick the appropriate box(es):*

I wish to be involved in activities

I would be happy to help with publicity/fundraising

**Please complete and email to** [fdlnr.membership@gmail.com](mailto:fdlnr.membership@gmail.com)

Thank you! [August 2021]