

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

Thank you!