** MEMBERSHIP FORM**

**I wish to join the Friends of Dothill & Shawbirch Local Nature Reserve (FDSLNR).**

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 FDSLNR.**

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

**DATA PROTECTION:** Your details will only be used for membership administration purposes within the FDSLNR 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

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 Thank you! [March 2024]