

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

Thank you!