**Haslemere & District Twinning Association**

**Application for Membership**

I/we apply for membership of Haslemere & District Twinning Association

**Surname:**

**Forename:**

**Address:**

**Post Code:**

**Contact Phone number:**

**e-mail address:**

In signing and returning this application you are agreeing to receive communications from the Twinning Association. If you wish, at any time, to be removed from the mailing list please contact us at haslemeretwinning@gmail.com.

**Signature:**

**Date:**

Yearly Subscription **£15.00 per person**

**Bank Account Details**

Lloyds [Bank](https://securebusiness.lloydsbank.co.uk/business/link/lp27_00_viewStmt_ress?NOMINATED_ACCOUNT=OWEGXWFPRK2YWQ6H2OW6MN5233JPZITILIASIB7IEDP3L3Q6BNDQ&REFERRING_LOCATION=accountOverview&NON_MIGRATED_FLAG=false&CONTENT_AREA=accountStatement&SUB_CONTENT_AREA=default) Plc

**HASLEMERE & DISTRICT TWINNING ASSOC**

Sort Code: 30-93-94

Account Number: 00433354