

APPLICATION FOR MEMBERSHIP

(Please complete in block capitals)

NAME(S)(Please give full name and title)

ADDRESS: _____

E- MAIL ADDRESS _____

TELEPHONE NUMBER: _____

DATE OF BIRTH IF UNDER 18 YEARS _____

PLEASE INDICATE BY TICKING THE BOXES ANY SPECIAL INTERESTS:

BIRDS PLANTS TREES FUNGI REPTILES

MAMMALS SURVEY WORK CONSERVATION WORK

INSECTS COMMITTEE WORK

ANY OTHER INTERESTS _____

I agree to the Camberley Natural History Society storing on a computer my name, address, email and telephone number.

I agree to the Camberley Natural History Society disclosing my name, address and email in the Society's Annual Report.

I agree to the Camberley Natural History Society contacting me by post, telephone or email.

SIGNATURE

DATE