

# CHELMSFORD TWINNING PARTNERSHIP

## MEMBERSHIP FORM 2025-6

Individual subscription £10

The CTP Membership Year runs 1<sup>st</sup> April to 31<sup>st</sup> March

\*Name .....

\*Address.....

..... \*Post Code .....

\*Telephone Number(s) .....

\*e-mail .....

☐

Please tick to confirm that you wish to receive Chelmsford Twinning Partnership Newsletters by e-mail.

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Please tick to confirm that you are also happy to receive other information relevant to Twinning activities

\*Signed..... Dated.....

\* = Required information.

If possible, please pay by bank transfer, using the following details:

A/c name: Chelmsford Twinning Partnership

Sort Code: 20-19-95

A/c no: 50262188

Then, to allow us to keep membership records up to date, **PLEASE** e-mail the membership form to Bill Forrester at [billforrester57@hotmail.co.uk](mailto:billforrester57@hotmail.co.uk) advising that you have paid by bank transfer,

Please make any cheque payable to "Chelmsford Twinning Partnership" and return to Bill Forrester, Acting Membership Secretary, 108 Petunia Crescent, Springfield, CM1 6YR

*Members' names and addresses will be held on the Chelmsford Twinning Partnership database for mailing list purposes only. Details will not be shared with anyone else, under our privacy policy.*