

THE DOVER SOCIETYRENEWAL ☐NEW APPLICATION ☐JOINT APPLICATION ☐

Please tick as appropriate

If Renewal, MEMBERSHIP No. please

☐☐☐

NAME (Mr/Mrs/Miss/Ms)

ADDRESS

.....

2nd NAME if Joint Member

POSTCODE TELEPHONE

I/We agree to abide by the Constitution of the Dover Society.

Signed

Date

(A copy of the Constitution may be read in the Reference Department of the Dover Public Library.
It is based on the model constitution published by the Civic Trust)

MEMBERSHIP: Individually – £4 annually. Joint Membership – £6 annually.
Note: Annual Subscriptions become due on 1st April.

Please make cheques payable to the Dover Society and forward to the Membership Secretary;
Mrs Sheila Cope, 53 Park Avenue, Dover CT16 1HD.

It would help us in our planning if you would fill in some or all of this section.

Special Interests

.....

If you belong to other organisations would you note them, please?

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Can you offer any expert knowledge or experience? Please state.

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.....

If you have changed your address since your last subscription payment please
tick this box ☐ and please tick the next box if you are willing to assist,
occasionally, with the distribution of the *Newsletter*, etc. ☐

Very occasionally we may allow our mailing list to be used by other reputable societies and/or
groups. Under the Data Protection Act you are entitled to withhold your permission for this. Please
indicate with an X in the box if you DO NOT wish your name and address to be divulged. ☐