



APPLICATION for MEMBERSHIP Date / /

If Renewal, MEMBERSHIP No. please ☐☐☐

RENEWAL ☐ NEW APPLICATION ☐ JOINT APPLICATION ☐

Please tick as appropriate

NAME (Mr./Mrs./Miss/Ms.....)

ADDRESS.....

2nd NAME if Joint Member

POSTCODE..... PHONE No.....

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

Signed.....

(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 the cheque or cash to the
Membership Secretary; Mrs Sheila Cope, 53 Park Avenue, Dover CT16 1HD.

It would help us in our planning if you would please complete this section.

I/We could sometimes give practical help with the following. (please tick boxes)

SOCIAL EVENTS

☐

WRITING REPORTS

☐

PROJECTS

☐

REVIEWS

☐

CLEARANCE WORK

☐

ARTICLES

☐

PHOTOGRAPHY

☐

SURVEY WORK

☐

SPECIAL INTERESTS.....

Please clearly specify

PROFESSIONAL OR TECHNICAL EXPERTISE

Please clearly specify

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. ☐

Very occasionally we may allow our mailing list to be used by other societies and/or other reputable 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. ☐