



APPLICATION for MEMBERSHIP

Date / /

If Renewal, MEMBERSHIP No. please ☐☐☐NEW ☐ RENEWAL ☐ FULL ☐ JOINT ☐

NAME (Mr/Mrs/Miss/Ms) Please tick as appropriate

ADDRESS.....

2nd NAME if Joint Membership.....

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

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

Signed (1)..... (2).....

(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 – £6 annually. Joint Membership – £10 annually.

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 ☐*PROFESSIONAL OR TECHNICAL EXPERTISE ☐

** Please give details on a separate sheet of paper*

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*. ☐