

<u>Village of Linton Trust – Membership Form 2015</u>

I/We wish to join the Village of Linton Trust (VoLT)

Main contact info	ormation	
Name of main contact:		
Address:		
Post Code:		
Landline Number:*	Mobil	e Number:*
Email:*		
Additional memb	ers at the same addres	SS
First Name	Last Name	Date of Birth (under 16's only)
	ation only to contact you about me	embership, fund raising events and items marked * above.
Payment		
A single adult membersh	ip subscription for 2015/16 is £5.0	0, members under 16 are free.
Subscription for	adult members (£5.00 each)	£

Voluntary do	onation**	£
Total payme	nt	£
the donor pr		
checcash	que- please make payable to Village of I	Linton Trust
A payment i	receipt on behalf of VoLT will be given,	or delivered to the main contact address.
PLFASF RFTI	JRN YOUR FORM AND MEMBERSHIP FE	EE TO MR. SQUIRES AT LINTON POST OFFICE.
	N BE PASSED TO VOLT TRUSTEES.	12 10 Min. SQUINES / IL ENTON 1 001 OF FICE.

THANK YOU.