

MEMBERSHIP APPLICATION FORM

ASSOCIATE MEMBERSHIP

We wish to apply for Associate Membership of the Association.

NAME OF GROUP:

ALL CORRESPONDENCE SHOULD BE SENT TO:

Name: Position:

Address:

Tel / E-Mail:

Signature: Date:

INDIVIDUAL / FAMILY MEMBERSHIP

I / We wish to apply for Individual / Family Membership of the Association.

Name (s): Position:

Address:

Tel / E-Mail:

Signature: Date:

- Subscriptions are due annually on 1st April.
- We understand that the cheque will be returned if the application is rejected.
- Subscription rates 2011 / 2012:

ASSOCIATE MEMBERSHIP: £25.00
INDIVIDUAL MEMBERSHIP: £18.00
FAMILY MEMBERSHIP: £20.00

Enclosed is a cheque (payable to 'N.D.F.A.') in respect of membership to the N.D.F.A.



Please return to: Bronwen Stanway, NDFA Honorary Secretary,
NODA House, 58 - 60 Lincoln Road, Peterborough PE1 2RZ
E-mail: secretary@ndfa.org.uk