**WELWYN ANGLO-FRENCH TWINNING ASSOCIATION**

**Membership Application**

I wish to apply for membership of the association for one year and receive newsletters about forthcoming events.

Name: …………………………………………………………………………………..

Names and ages of children (if applicable):

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Address: …………………….………………………………………………………….

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……………………………………………………………………………………………

Telephone No: ……………………………………………………………….................

Email address: …………………………………………………………………………..

Class of membership (please tick)

 FAMILY: £10 (2 adults + children up to 18 or still in full-time education)

 INDIVIDUAL: £5

Any other information (optional) that you may wish to give to potential host families in France:

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***Please complete and return with remittance to:***

***Mr Graham Middleton, 6 Digswell Road, Welwyn Garden City, Herts. AL8 7PA***