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	:		
Name	s and ages of	childre	n (if applicable):
Addre	ss:		
Telepl	hone No:		
Email	address:		
Class	of membership	o (plea	se tick)
	FAMILY:	£10	(2 adults + children up to 18 or still in full-time education)
	INDIVIDUAL:	£5	
Any o in Fra		n (opti	ional) that you may wish to give to potential host families

Please complete and return with remittance to: Mr Graham Middleton, 6 Digswell Road, Welwyn Garden City, Herts. AL8 7PA