



MEMBERSHIP APPLICATION	
FRIENDS OF THE OLD NICK APPLICATION FORM	
New Membership Application/Renewal application	
Date of Sign Up:	Title:
Last Name:	First Name(s):
Current address:	
County:	Post Code:
Tel:	Email:
Would you like to receive our newsletter by Email or Post? Email <input type="checkbox"/> Post <input type="checkbox"/>	
Signature of applicant:	Date:

For Office Use only:

Money paid in full for a year commencing:

Date of membership expiry:

Membership card received:

Membership No:

<u>New Applicants Only</u>	
Name of Proposer:	Date:
Signature of Proposer:	