

MEMBERSHIP RENEWAL FORM PLEASE USE BLOCK CAPITALS

Membership No	Name	
Address		
	Postcode	
Tel	email	
(Please indicate if with	* if any of your membership details since the last renewal.)	have changed
advantage or disadvanta	nich branch you wish to be attached ge but it helps if we know which me attend more than one branch meeting	eetings you are
Aberdare/Cynon Valley Merthyr Tydfil London (Welsh Group)	Bridgend Cardi Pontypridd/Rhondda Swan	- -
(Membership Fees	
I wish to renew as follows	s: (Please ✓ which one you require)	
UK - £15	Overseas £20	
	de payable to: Glamorgan FHS and accept Sterling cheques due to hig	
Please return	completed forms to: Membership Te Pwll Clai, Tondu, Bridgend, CF32 9	
ONLINE JOURNAL: I do	not wish to receive a paper copy o	f the journal
	lease tick if you are under 16* egulations being introduced in 2018 require pare	ental consent
	cknowledge receipt of membership fe an SAE is sent with your remittance.	es
Office Use only		
Date Received	Cash/Cheque £	