

Application for Membership

Title (Mr/Mrs/Miss/ etc)

Last Name

Forename

Address

.....

Post Code

Telephone

E Mail

_____ @ _____

*I wish to apply for membership of the
Berkswell & District History Group.*

*I enclose a cheque for £5.00 made payable
to the Berkswell & District History Group.*

Signed

Dated

*Please send completed form(s) and
remittance to the Membership Treasurer*

COMMITTEE

Chair: Glyn Price

Secretary: Marion Keeley

Treasurer: Eric Cooper

*If you would like to join the
Berkswell & District History Group,
please fill in the application form on
the opposite page and return to :*

The B&DHG Treasurer

-

*Mr Eric Cooper,
7 Finch Croft,
Balsall Common,
COVENTRY.
CV7 7UR*

Or

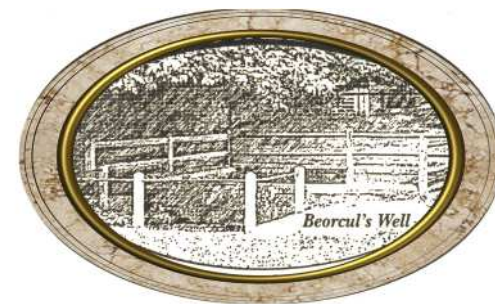
Join at one of our meetings.

Web Site:

www.berkswell-history.org

email:

Chair@berkswell-history.org



BERKSWELL

&

DISTRICT

HISTORY

GROUP

2018