

Wulftown Membership Form

| Name: | |
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| Address: | |
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| | |
| Mobile : | |
| E-mail : | |
| Date of Birth: | |
| | |
| Emergency Contac | t Details |
| Name : | |
| Telephone : | |
| Annual Membersh | ip runs from 1st January to 31st December and is £20.00 per annum. |
| Joint membership £35.00 Payment can be made by bank transfer to: | |
| Bank: | Barclays |
| Account Name: | Wulftown Photographic Club |
| Sort Code: Account Number: | 20-08-64 |
| | m I acknowledging that an inherent risk of exposure to COVID-19 exists in any |
| | people are present. By attending any Wulftown Photographic Club ("Wulftown" |
| | activity I voluntarily assume all risks related to exposure to COVID-19 and agree |
| | wn or any of its officers, members, guests or other attendees liable for any illnes |
| or injury that may PRINT NAME | occur. |
| | |
| SIGN | |
| DATE | |