



Membership application form

Please enrol me as an **Individual / Joint** member.
I enclose £10 / £15 (*please delete as appropriate*).

Surname:

Forename:

Title: (Mr, Mrs, Miss, Ms, Dr etc.)

Address:

Postcode:

Telephone:

Email:

Signature:

Date:

Please enrol this organisation as a Corporate Member.
I enclose £20

Name of organisation:

Name and position of application (e.g. Treasurer, Secretary):

Address:

Postcode:

Telephone:

Email:

Signature:

Date:

Please complete this form and send it with your payment to:

HALH Membership Secretary
189 Handside Lane
Welwyn Garden City
Herts. AL8 6TE.

Please make cheques payable to HALH.

Please note: members' names and addresses are kept in a computer database. This information is used only for the purposes of administration of the Association and is not passed on to third parties. If you object to your name being kept in this way please tick this box.