



Collingham & District Local History Society

Membership Application Form

Name:	
Address:	
Telephone No.	
Email address:	
Paid : £ _____	Cheque: Cash: [Please tick]
Date:	
Membership No. <i>For official use only</i>	

Please return this with payment to the Membership
Secretary :

Charlie Stothard - 5, The Lawns, Collingham, NG23 7NT