



## Membership/Registration Form

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Email** \_\_\_\_\_

**Mob** \_\_\_\_\_

**Annual Subscription £20\***

**Retired/Student/Junior £10\***

Return completed form with the appropriate subscription to Christine or Greg,

or post with cheque (no cash) to

Christine Murray, 24 Braepark Road, Ballyclare, Co Antrim BT39 9UW