 APPLICATION FORM

**SURNAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR/Ms/MRS etc \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For FoKP use**

**PLEASE**

**USE**

**BLOCK**

**CAPITALSS**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTCODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **[PLEASE WRITE YOUR EMAIL ADDRESS CLEARLY, PREFERABLY IN CAPITALS]**

**I enclose a cheque** (payable to ***‘The Friends of Kelsey Park’***) **for:** (please **tick** the appropriate box)

**ONE year’s membership £10 FIVE years’ membership £40**

**You may add a donation if you wish (Total enclosed** £ \_\_\_\_\_\_\_\_\_\_  **) [The Membership subscription is per Household]**

**Would you like to help with the following?** If so, please put ’X’ in the box

 Staffing the Information Centre

 Membership Secretary**, Mrs Kate Reynolds, 15 Manor Way, Beckenham BR3 3LH**

**These details, which are stored on computer, are used exclusively for our dealings with you. We never share any of the details you give us with others. Please see Privacy Policy enclosed.**