

Clevedon Twinning Association

Membership Application Form

Twinned with:

Ettlingen (Germany)
Epernay (France)
Middelkerte (Belgium)

I/We would like to become members of Clevedon Twinning Association

Name (s) -----
Address -----

----- Postcode -----

Annual Subscription £5 per individual

I/We enclose a cheque for £-----

Please complete the following concerning Twinning Visits:

- I/We would be prepared to offer accommodation to visitors Yes/No
- If yes, we would be able to accommodate ----- people
- If yes, do you have any preference for hosting guests from a particular country? Please specify -----
- I/We have a knowledge of French/German/Belgian (please circle)
- I/We have our own transport Yes/No

Please send the completed form to

Mr E Deakin. 15, Keenes Way, Clevedon, BS21 6PY – tel 01275 873305

Clevedon Twinning Association

Received from -----

The sum of £ ----- annual subscription fee for -----

Signed ----- Treasurer Date -----