

CARSHALTON & DISTRICT HISTORY & ARCHAEOLOGY SOCIETY

Formerly the Beddington, Carshalton & Wallington Archaeological Society

To: The Membership Secretary (Shirley Caines)
Carshalton & District History & Archaeology Society
5 Shirley Road
WALLINGTON
SM6 9OB

I/We wish to apply for membership of the Carshalton & District History & Archaeology Society.

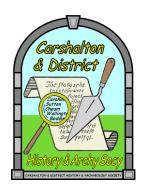
I/We understand that my/our membership fee is payable with this application. (Cheques to be made payable to CADHAS).

I/We agree that the Society can hold my/our membership details on computer. This information will only be used for the administration of the Society in accordance with the Data Protection Act.

Signature	Date
Surname and initials (Mr/Mrs/Miss/Ms)	
Preferred First Name(s)	
Address	
	Postcode
Telephone Number (Day)	(Evening)
Email address	
Please indicate type of membership requeste to accept communications by email. Please	ed (payable 1st January) and whether you are willing enclose a stamped addressed envelope.
Single £15.00* □	
Couple £20 00* □	

If you are a taxpayer you will help the Society (at no cost to yourself) by signing the Gift Aid declaration, attached after this page.

THE SOCIETY RESERVES THE RIGHT TO REFUSE MEMBERSHIP



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GIFT AID DECLARATION

I wish the Carshalton & District History & Archaeology Society (formerly the Beddington, Carshalton & Wallington Archaeological Society) to treat as gift aid all subscriptions and donations made by me since 6 April, 2000 and hereafter and to reclaim tax accordingly.

Signature	
Date	
Surname	
First names	
Address	
Post Code	
Telephone No	
Email address	