

**HASLEMERE & DISTRICT TWINNING ASSOCIATION  
APPLICATION FOR MEMBERSHIP 2016**

**Knowledge of French or German  
Is not essential for membership!**

Single £10.00

Family £18.00

(please delete as appropriate)

I/We apply for membership of Haslemere & District Twinning Association

SURNAME (block capitals) \_\_\_\_\_

FORENAME(S) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

(useful when abroad)

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please send with payment to  
Ann Fitchett,  
23 Priors Wood,  
Haslemere,  
Surrey,  
GU27 1NF*

### OPTIONAL QUESTIONS

Answering the questions below will help us to match you with as appropriate a 'twin' as possible.

Please tick and identify each adult with initials e.g. (CB).

Level of Spoken	None	Limited	Moderate	Good
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Age group	18-30	31-45	46-60	60+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to visit:	Horb	Bernay	Both	Neither
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Job/Profession

Retired?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_