

HASLEMERE & DISTRICT TWINNING ASSOCIATION APPLICATION FOR MEMBERSHIP

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

Single £9.00
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 _____

In signing and returning this form you are agreeing to receive communications (generally, but not exclusively, by email) from the Twinning Association. If, at any time, you wish to have your address removed or simply changed, please send your message to either chairman1@haslemere-twinning.eu or secretary1@haslemere-twinning.eu.

Signature _____

Date _____

Please send this completed application form 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).

<i>Level of Spoken</i>	<i>None</i>	<i>Limited</i>	<i>Moderate</i>	<i>Good</i>
<i>German</i>				
<i>French</i>				

<i>Age group</i>	<i>18-30</i>	<i>31-45</i>	<i>46-60</i>	<i>60+</i>

<i>Would you like to visit:</i>	<i>Horb</i>	<i>Bernay</i>	<i>Both</i>	<i>Neither</i>

Job/Profession

<i>Retired?</i>	<i>Yes</i>	<i>No</i>

Interests _____

