

APPLICATION FOR MEMBERSHIP

Membership Category:-

- | | | |
|--------------------------|-----------------------------------|----------------|
| <input type="checkbox"/> | Single Membership | £15.00 |
| <input type="checkbox"/> | Membership plus Guest | £25.00 |
| <input type="checkbox"/> | Single Life Membership | £150.00 |
| <input type="checkbox"/> | Life Membership plus Guest | £250.00 |
- (please tick as appropriate)*

Title: **First Name:**..... **Surname:**.....

Address:

.....

Post Code:.....

Day Time Telephone No:

Mobile:.....

Email:.....

Please make your cheque payable to: **E.Y. Trust Company Limited**
And send to: Eric Young Orchid Foundation, Victoria Village, Trinity, JE3 5HH