



**Malmesbury & District Twinning Association
Membership Application Form**

Title:

First name(s):

Surname:

Address:

Town:

Postcode: Telephone:

E-mail:

Please tick type of membership required:

Family: (£20 annual membership)

Single: (£10 annual membership)

Would you prefer links with.....?

Gien (France)..... Niebüll (Germany) Both.....

Would you be interested in participating in exchange visits to our twin town(s)?

Would you be able to host any of our exchange visitors?.....

If yes, how many people would you be able to accommodate?

Would you prefer to host only those who speak reasonable English?

Do you have any language skills? (Please mention the language and level)

None..... Basic.....

Reasonable..... Fluent.....

Data Protection Act

I/We agree to allow for administrative purposes concerning uniquely the Association, to keep a copy of the above information in the Association's computerized database.

Signed..... Date.....

Please send completed form to Membership Secretary: Glyn Davies

Tel: 07777 660719

30 Back Hill

Malmesbury, Wiltshire SN16 9BT