

CHORLEYWOOD TWINNING ASSOCIATION

Secretary: Richard Foster, 28 South Road, Chorleywood WD3 5AR
Tel: 01923 283655 e-mail: richard.foster31@btinternet.com

Membership Application Form

I/we wish to apply for/renew membership of the Association.
(Please tick appropriate box below)

Individual (£12 p.a. exc. under 18s)

I enclose cash/cheque for £.....
(Cheques payable to "Chorleywood Twinning Association")

Please list names of all family members joining and give children's dates of birth.

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Address.....
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.....Post Code.....

Telephone Number:

Home:.....Mobile.....

E-mail Address:.....

Please indicate below if you might be interested in taking part in any of the suggested events to be held during the next twelve months.

▪ **Prepared to host in Chorleywood Spring 2025 (tbc)** Yes..... No.....

▪ Conversation Group (Fri eve fortnightly) Yes..... No.....

▪ Quiz Night (usually November) Yes..... No.....

▪ Raclette evening Yes..... No.....

▪ Soirée Gastronomique Yes..... No.....

▪ Film Evening Yes..... No.....

▪ Wine-tasting Evening Yes..... No.....

Other suggestions:

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