

**MEMBERSHIP FORM / RENEWAL**

**Name** .....

**Address** .....

.....

**Postcode** ..... **Tel. no.** .....

**Stud Prefix** (if you have one) .....

**Email.** ..... **Date** .....

**Newsletter** (please circle) *By email* or *By post*

*Welsh Section interested in (please circle) A B C D P/B Other*

***I enclose cash/cheque for: £12 - Single Membership £15 - Joint/Family Membership***

***Cheques to be made payable to : Avon & Border Counties Association***

***Please return this form with your payment to:***

***Susan Hole, 70 Longbeach Road, Willsbridge, Bristol. BS30 9YE***

***Tel: 07711 545964 Email: riavic@outlook.com***

***THE MEMBERSHIP YEAR RUNS FROM JAN. 1<sup>ST</sup>. – DEC 31<sup>ST</sup>.***