



LUDLOW TWINNING ASSOCIATION

TWINNED WITH LA FERTE' MACE'

MEMBERSHIP DETAILS (Please complete in CAPITAL letters)

Date.....

ADULTS

Surname	First Name	Male/Female	Occupation	Date of Birth	Marital Status

CHILDREN

First Name	Male/Female	Date of Birth

ADDRESS (including Postcode).....

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TELEPHONE No.(including code).....

EMAIL ADDRESS.....

French Twin Family (if applicable).....

Hobbies/Major Interests:.....

Does any member of the family speak French:.....

Do you smoke:.....

Are you prepared to accept smokers:.....

Do you have any pets:.....

Do you have any allergies or require special diets:.....

Please give any other relevant information.....

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£..... Subscription enclosed. (£12 per annum).
 (please make cheque payable to Ludlow twinning Association).
 Return to: Dave Mulliner, 24 Stanton Road, LUDLOW, SY8 2 LR.