Chesterfield and District Local History Society Membership Application Form

| Surname | | Title | |
|----------------|----------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| First Name | | | |
| Address | | | |
| | | | |
| | | | |
| Home phone | 2 | Mobile phone | |
| Email addres | SS | | |
| Please TICK t | type of membership required | : - | |
| Individual | £ 12.00 | Couple/Family | £ 18.00 |
| Please retur | n form to: Janine LeMire 123 | Littlemoor, Chesterfield | S41 8QP |
| which are he | o renewals are due on 1 st Feb eld at St Thomas' Centre, Cha of the month except Decemb | tsworth Road, Chesterfiel | d at 7:30 on the |
| it for mailing | S permission to store my per purposes. I understand that without my permission. | | • |
| Do you agre | e? □ Yes □ No | | |
| Do you want | to hear our latest news by | post 🗆 phone 🗆 email 🗆 | text □ |
| Signature | | | |