







Lymington & District International Twinning Association

MEMBERSHIP APPLICATION

Annual Membership Fee: Individual + children (under 18) £15 Couple + children (under 18) £30 (Half fees apply when joining March -June)

Please complete this application form and send it to litasec61@gmail.com> Please make your payment by bank transfer to: Lymington International Twinning Association, Sort Code: 40-30-36, Account Number: 11167677 Please include your SURNAME as a reference. Alternatively you can send a cheque, made payable to LITA, to the Membership Secretary: Simon Hacking, 11 Oakenbrow, Sway, Lymington, Hants SO41 6DY

Name: Mr/Mrs/Ms					
Name: Mr/Mrs/Ms					
Names of children:					
Address:					
Post code: Tele					
Email:					
N.B. Your name and phone number will be addincluded on this list, please cross here	led to a list th	nat is circula	ted to other memb	ers. If you <i>do not wo</i>	ant to be
We will only use the information for the expre will remove members' details from our records	•	•	· · · · · · · · · · · · · · · · · · ·	them to any third party	ı, and we
Newsletters, information, booking forms, If you do not have an email account and n					sts.
Please let us know how you heard about o	our organisati	on:			
Which country(ies) are y	ou interested	in visiting w	ith LITA/hosting vis	itors from?	
Name	Germany		France	Spain	
Name	Germany		France	Spain	
Name	Germany		France	Spain	
Signature(s):			Date:		