

Membership Application Form

Name: _____

Contact Address: _____

_____ Post Code _____

Contact Tel Nr: _____

Contact Email: _____

Please return this form, with a cheque for £5.00 made payable to "LLHF" to:

John Wilson
Secretary
Lancashire Local History Federation
25 Trinity Court
Cleminson Street
Salford
M3 6DX

Administration:

Original to Membership Secretary for database update ____

Copy to Treasurer with cheque ____

Copy to Web Site Author for web site circulation list update ____