

Membership Application Form

Society Name: _____

Main Contact Name: _____

Main Contact Position: _____

Main Contact Address: _____

_____ Post Code _____

Main Contact Tel Nr: _____

Main Contact Email: _____

Society Web Address: _____

Can we publish your contact address on our web site? Yes / No

Can we publish your email address on our web site? Yes / No

Can we publish your web site address on our web site? Yes / No

Please return this form, with a cheque for £8.00 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 update ____
