



Friends of St Catherine's Hill

Membership Application Form

Name.....

Address.....
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Telephone No.....

Mobile no.....

E-mail.....

Signature.....

Date.....

Please return to Mrs M Gibbons, **14 St. Catherines Way, Christchurch, BH23 2RD**

Membership number..... Authorised signatory.....

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|------|-----------------------|------|---------|
| 2020 | Subscription Received | Date | Initial |
| 2021 | Subscription Received | Date | Initial |
| 2022 | Subscription Received | Date | Initial |
| 2023 | Subscription Received | Date | Initial |
| 2024 | Subscription Received | Date | Initial |