

Llandybie Twinning Association

(Established 1992)

Membership Form

(Please fill in this form and give to the LTA Secretary or any other Association Officer)

(Membership is £10 for 2018-19)

Name: _____

Year Joined: _____

Address: _____

Date Of Birth: ____/____/____
(DD/MM/YYYY)

Welsh Speaker? _____ (Y/N)

Driver's License? _____ (Y/N)

Post Code: _____

UK/EU Passport? _____ (Y/N)

Occupation: _____

Gender _____

Are You Disabled/Registered Disabled? _____ (Y/N)

If Y please give details: _____

E-mail: _____ *Eg Barry.John@Llandybie.Wales*

Your Evenings/ Weekends: _____

Phone Mobile: _____

Number(s) Daytime: _____

Emergency Name: _____

Contact Phone: _____

Hosting: Are you willing to host visitors from Plonéour-Lanvern? _____ (Y/N)

Individuals _____ (Y/N) Couples _____ (Y/N) Families including children _____ (Y/N)

Any additional preferences: _____

Membership Fee of £10 should be attached

I will abide by the rules of the Association's Constitution

In signing this form, I agree to my name and other details being stored on a computer database

(This information is solely for the use of the Association and will not be passed on to anyone)

Signed: _____

Date: _____