Membership No. …….

*Friends of Valletta*

Membership Application Form

I/We wish to apply for membership of the Friends of Valletta.

**SINGLE …… £10, FAMILY….. £15, CORPORATE….. £20**

**LIFE SINGLE….. £100 LIFE FAMILY…….£150**

**Cheques payable to Friends of Valletta OR**

 **BACS sort code 600308 a/c no. 81138695 Ref: Surname Memfee**

The information you give us will be kept on a computer database for our use only

NAME.........................................................................

ADDRESS………………………………………………..

…………………………………………………………….

…………………………………………POST CODE……………..

E-MAIL ADDRESS …………………………………………………

 ……………………………………………………………………………………..

TELEPHONE ..................................................MOBILE.........................Date…………………

1. **FRIENDSHIP EXCHANGES *Please tick boxes if you are interested in:***

 Group travel to Valletta staying in private homes

Providing hospitality here

Assisting in organising the above

2. **PROGRAMME OF EVENTS *Please indicate which you would attend :***

 ***Lectures/Demonstrations on Social Activities***

 Maltese Art/Archeology/History Visits (Maltese theme) Music

 Food Lunches/dinners

 Wine

3. **WILLINGNESS TO HELP**

The voluntary efforts of members and the sharing of skills are essential ingredients for the success of this organisation.

Please would you indicate if you could offer help with any of the following :

Friends of Valletta website Taking photographs at events

General administration

Writing newsletter articles Catering

Lecturing to the group on Maltese topics – please specify topics

**PLEASE RETURN COMPLETED FORM AND CHEQUE to: David Ross,**Membership Secretary, Friends of Valletta, 70 Worcester Road, Chichester, PO19 5EB tel:01243781094, email: davidlesross@hotmail.com **OR fee** via BACS (see above)

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**FRIENDS OF VALLETTA - MEMBERSHIP RECEIPT**

**Name ................................................................................. ... Membership No..............................................**

**Membership category .......................................................... Membership fee ............................................**

**Membership period ............................................................... Renewal date ................................................**

**Received with thanks ............................................................Date ...............................................................**

**David Ross Membership Secretary.**