



The Chesterfield Bus Society

MEMBERSHIP FORM

NAME: _____
 ADDRESS: _____
 _____ POST CODE: _____
 TEL: _____ E-MAIL: _____
 AGE IF UNDER 16: _____

I agree to abide by the rules of the society and I enclose a cheque or postal order for the sum of: £ _____

SIGNATURE: _____ DATE: _____

NOTE: The information contained on this form will be held on computer and will only be used to assist in the running of the society.

**FOR OFFICIAL
USE ONLY**

MEMBER NUMBER

DATE JOINED

FEE PAID

CUT HERE-----CUT HERE-----CUT HERE-----CUT HERE

PLEASE SEND THIS FORM

**TRANSPIRE MEMBERSHIP
 PETER BIRD
 7 WOODVALE CLOSE
 SOMERSALL
 CHESTERFIELD
 S40 3LY**