



FRIENDS APPLICATION FORM

Name:				
Address:				
Postcode				
Telephone Number:				
Email Address				
About You: (Please tick all that apply)	Flute Player	Flute Teacher	Music Lover	Other (please specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership Option (Please tick)	Individual Annual (£10 pa)		Individual Life (£100)	
	<input type="checkbox"/>		<input type="checkbox"/>	

Annual subscriptions are renewed in October

Cheque inclosed for ..£.....made payable to 4Flutes

Signed:

Date:

Please return this form with your cheque to:

Ineke Leer
 12 Bridle Close
 Plympton
 Plymouth
 PL7 5LF