

TRANSPIRE

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: £ _____ (Payable: TRANSPIRE - The Chesterfield Bus Society)

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-----

PLEASE SEND THIS FORM TO:

**TRANSPIRE MEMBERSHIP
DENNIS VICKERS
14 WHITTING MEWS
HOLLAND ROAD
OLD WHITTINGTON
CHESTERFIELD
S41 9HF**

Telephone enquiries:

07727 067278