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## Membership application Form

Title  Forenames

Surname

Suffixes

Address

Postcode

Telephone  Mobile

Email

Date of birth (if under 25\*):

### And for joint membership

Title  Forename(s)

Surname

Suffixes

### Membership category

Ordinary £25  Joint adult £30

Under 25\* £10  Affiliated society £25

Institutional subscriber £35

I enclose a cheque for £  Payable to the Kent Archaeological Society

Tick this box if you agree that the Kent Archaeological Society may send you email messages giving details of events that we think might be of interest to you.

Signed

Signed

### Additional information

How did you hear about us?

Your interests and occupation:

### GIFT AID

I want the Kent Archaeological Society to treat all subscriptions and donations I make to the Society from the date of this declaration as Gift Aid donations until I notify you otherwise. (Registered charity 223382)

I am a taxpayer paying an amount of income or capital gains tax at least equal to the tax that the charity reclaims on your donation in the tax year.

Signed  Date

Name

Address

Postcode

Please send this form to:

The Hon. Membership Secretary  
8 Woodview Crescent  
Hildenborough  
Tonbridge  
Kent, TN11 9HD