



CIRENCESTER TWINNING  
ASSOCIATION

**Membership Application/Renewal Form**

Subscription Type	Annual Membership Cost	Please tick ✓
Family	£18.00	
Individual	£10.00	

Family Name		
Adult First Names	(a)	
	(b)	
Children's First Names (if applicable)	(c)	Age:
	(d)	
Address		
Postcode		
Telephone Number		
Email Address		

To assist with twinning with suitable counterparts, please indicate your language interests/ability with 0 being none to 5 being fluent, for each individual named above.

Member	French	German	Other: .....
(a)			
(b)			
(c)			
(d)			

I have made a payment of £10 (individual) / £18 (family) [delete as applicable] membership, to Cirencester Twinning Association, for my/our subscription for the current membership year. (Account 24722332, Sort: 60-05-41, with a reference : "sub"+YourName please) *Please tick if you would not like to receive communication from the Association by email*

Signed..... Date .....

Signed..... Date .....

Please return this form to [cirencestertwinning@gmail.com](mailto:cirencestertwinning@gmail.com) or by post to Cirencester Twinning Association, c/o Whiteway Farmhouse, The Whiteway, Cirencester, Gloucestershire, GL7 7BA