CAMBRIDGESHIRE
ASSOCIATION FOR LOCAL HISTORY

President: Mike Petty *Chairman: Tom Doig*

www.calh.org.uk

With One Heart Let Us Be Men of Understanding

The Voice of History in Cambridgeshire

Representing Your Views & Interests at a County Level. Whilst Keeping You Informed of all the Latest Local & Social History News

ONLINE MEMBERSHIP APPLICATION FORM

Mrs Maureen Nicholls

CALH MEMBERSHIP SECRETARY

01354 650308

members@calh.org.uk

CAMBRIDGESHIRE
ASSOCIATION FOR LOCAL HISTORY

Application for Membership Form

Please use BLOCK Capitals & Complete All Sections:

Title:.....

Forename(s):.....

Surname(s):.....

Address:.....

.....

.....Postcode:.....

Telephone:.....

Email:.....

Date of birth:.....

I/We wish to become member(s) of the

CAMBRIDGESHIRE ASSOCIATION FOR LOCAL HISTORY

I/We apply for the following type of Membership:-

☐	**INDIVIDUALS**	**£8.00**
☐	**JOINT/FAMILY MEMBERSHIP**	**£10.00**
☐	**AFFILIATED SOCIETY MEMBERSHIP**	**£10.00**

I/We enclose my/our subscription for £..... ☐

Please make cheques Payable to **CAMBRIDGESHIRE ASSOCIATION FOR LOCAL HISTORY**

or I/We have completed the Banker's Order Form ☐

Signed:.....

Dated:.....

If at all possible please make payment by Bankers Order

CAMBRIDGESHIRE
ASSOCIATION FOR LOCAL HISTORY

Bankers Order Form

Please use BLOCK Capitals & Complete All Sections:

To the Branch Manager:

..... Bank/Building Society

Address:.....

.....

.....Postcode:.....

I hereby authorise you to pay the sum of (words) £ (figures) now and on the 1st April in each succeeding year until further notice, commencing 1st April 20 to credit the account of the

CAMBRIDGESHIRE ASSOCIATION FOR LOCAL HISTORY

National Westminster Bank, Kings Parade, Cambridge Branch (sort code 60-04-23)

Account Number 22918914

[This cancels any previous Banker's Order made in favour of the Cambridgeshire Local History Society or the Cambridgeshire Association for Local History]

Name(s) of the Account:.....

Joint Account Name (if applicable):.....

Account Number:.....

Sort Code:.....

Signed:.....

Dated:.....

Please complete **ALL** Sections, detach this part of the form & send to:

CALH MEMBERSHIP SECRETARY - Mrs Maureen Nicholls

66 Maple Grove, March, Cambridgeshire PE15 8JT

members@calh.org.uk **01354 650308**