

Newark-on-Trent Twinning Association

Life Membership Form

Surname: _____ First Name(s): _____

Address: _____

_____ Post code: _____

Home Tel: _____ Wk Tel: _____ E-mail: _____

Type of membership (please circle as appropriate):

Single (£10)

Family (£15)

Group (£15)

Cheques should be made payable to "Newark-on-Trent Twinning Association"

Questionnaire

To facilitate efficient administration of the Association and the organisation of hosting for, and by, our French, German and Polish partners, we keep a database of members' details. To maintain this database could you please supply the following information? Please add any further information that you feel could be helpful. **N.B.** (This information is held by the Secretary and is not divulged to anyone outside the Association).

Age group: 16-21 22-30 31-50 51-65 65+

Occupation and/or interests: _____

Any special requests comments (e.g. dietary, smoking/non-smoking): _____

Can host: Y / N _____ single room(s) _____ Double room(s)

Additional Notes: _____

Please indicate if you speak any of the following languages and approx. level.

French: none / weak / moderate / competent / fluent

German: none / weak / moderate / competent / fluent

Polish: none / weak / moderate / competent / fluent

Additional Notes: _____

_____ Date: / /

Please return the completed form to: R. Crowe Esq, 38 Winchilsea Avenue, Newark, Notts, NG24 4AD. 01636 702055.