

**ST. DAVID'S SOCIETY, NORTHERN IRELAND**

**MEMBERSHIP APPLICATION FORM.**

**I would like to become a member of the St. David's Society, Northern Ireland.**

**Name:** .....

**Address:**.....

.....

**Town/City:**..... **Postcode:**.....

**Tel:**..... **Mobile:** .....

**E-mail:**.....

I enclose the annual membership fee of £5.00. \* I choose to pay at the next meeting. \*  
*(\*Please delete whichever does not apply).*

**Signed\*:**..... **Date:**.....

*(\*If sending in by post)*