



MEMBERSHIP APPLICATION FORM

Name:

Address:

.....

.....

Post Code:

Telephone:

E-mail:

Organisation:

Amount enclosed:

Please complete and return together with your remittance to the address shown below. Cheques should be made payable to Herefordshire Growing Point.

The Administrator
Herefordshire Growing Point
Holme Lacy College
Herefordshire
HR2 6LL