



MEMBERSHIP APPLICATION FORM

Please send your completed application to: Fields in Trust, 15 Crinan Street, London N1 9SQ

Your details

Title	First Name	Organisation name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Daytime phone number	
<input type="text"/>	<input type="text"/>	
Address	e-mail address	
<input type="text"/>	<input type="text"/>	

We promise that any information that you give will be used for Fields in Trust purposes only.

Type of membership:

- () Individual £25 per year
 - () Family £35 per year
 - () Parish Council / Playing Field Association / Sports Club / Community Group £35 per year
 - () Corporate / Local Authority £180.00 per year
- (All prices include VAT at 20%)

Payment details

- I enclose a cheque for the sum of £..... made payable to Fields in Trust
- Please debit my credit/debit card as follows:

Subscription Amount £.....

Card number

Expiry date (month/year)

Cardholders name

Signed.....

Date.....

THANK YOU FOR SUPPORTING THE WORK OF FIELDS IN TRUST
(The operating name of the National Playing Fields Association, Registered Charity No. 306070)