

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

BLOCK CAPITALS PLEASE

Surname Mr/Mrs/Miss.....

First Names .....

Address .....

.....

..... Post Code .....

Telephone Number .....

Signature of National officer, Council member or Branch  
chairman.

.....

Fee Enclosed..... Date .....

<b><u>Fees for Associate Members</u></b>	
The subscription for full year, April 1st to March 31st, is £10.00	
<b><u>Amount to be paid on joining</u></b>	
<u>Date of Joining</u>	
1st April - 30th June	£10.00
1st July - 30th September	£7.50
1st October - 31st December	£5.00
1st January - 31st March	£2.50

*Please make cheques payable to CEFAA and send with this form to  
Mr R Brown  
25B Church Road, Hale Village,  
Liverpool L24 4AY*