ESSEX PLAYING FIELDS ASSOCIATION MEMBERSHIP APPLICATION FORM

Please send your completed application to: EPFA Membership, 76 Buckingham Road, HOCKLEY, Essex SS5 4UE

Vour dataile

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Title	First Name	Organisation name (if applicable)
Surname		Daytime phone number
Address		e-mail address
We promise the only.	nat any information	that you give will be used for EPFA purposes
Type of mem	bership:	
ODE CORPORATE () District / U () Parish / To	ber £50 £10 per annum e Member £100 pe Unitary Authority £ own Council £25 p ub / Association £	50 per annum er annum
Payment deta	ails	
	heque for the sum le to the Essex Pla	of £ying Fields Association.

THANK YOU FOR SUPPORTING THE WORK OF THE ESSEX PLAYING FIELDS ASSOCIATION (Registered Charity No. 301448)