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BAFRA FRIENDS ENROLMENT

Name: Title:

Address:
.....
.....

Post Code:

Telephone: Email:

Please enrol the above applicant as a Friend of BAFRA.
(Please tick one category)

Type of Membership

Single	£50
Joint	£85
Overseas	£70
OAP	£42
Disabled	£35

I enclose my cheque for £.....in favour of “BAFRA Limited”.

Signed:

Date: