







Lymington & District International Twinning Association MEMBERSHIP APPLICATION

Annual Membership Fee: Individual + children (under 18) £25 Couple + children (under 18) £50 (Half fees apply when joining March -June)

Please complete this application form and send to **litasec61@gmail.com** Please make your payment by bank transfer to: Lymington International Twinning Association, Sort Code: 40-30-36, Account Number: 11167677. Please include your SURNAME as a reference. Alternatively you can send a cheque, made payable to LITA, to the Membership Secretary: Simon Hacking, 11 Oakenbrow, Sway, Lymington, Hants SO41 6DY

Name: Mr/Mrs/Ms				
Name: Mr/Mrs/Ms				
Names of children:				
Address:				
Post code: Tele	phone: Area	code:	Number:	
Email:				
N.B. Your name and phone number will be addincluded on this list, please cross here	ded to a list th	at is circulat	ted to other member	rs. If you do not want to be
We will only use the information for the expre will remove members' details from our records	• •	-	•	em to any third party, and we
Newsletters, information, booking forms, If you <i>do not have an email account</i> and r		•		
Please let us know how you heard about o	_			
Which country(ies) are yo	ou interested	in visiting w	ith LITA/hosting visit	ors from?
Name	Germany		France	Spain
Name	Germany		France	Spain
Name	Germany		France	Spain
Signature:		Da	te·	