



## SOCIETY OF FRIENDS MEMBERSHIP FORM

Full Name .....

Address .....

Postcode .....

Telephone ..... Email .....

I / We would like to join **SOFMAF**

I / We enclose

Cheque ( payable to **SOFMAF** )

Bankers Order

Type of Subscription .....

Amount of Subscription .....

Signature .....

Are you interested in joining a working Group? Yes / No

If Yes, which Group? .....

Relevant interests; skills; knowledge:

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