

## FSA Herefordshire



Promoting quality Forest School practice in Herefordshire

## **Membership Form**

Please complete using block capitals:

Name:

Address:

Postcode:

Contact email:

Contact phone no:

Please complete with applicable details or leave blank:

Forest School Qualification:

Date qualified and who you trained with:

**Organisation:** (where you practise Forest School, if relevant)

	Are you currently an FSA Member: (please tick)	Yes [ ] No [ ]
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Annual Membership fee (£10) FSA Herefordshire enclosed: []

Please issue an invoice for my FSA Herefordshire Membership Fee:

Address for invoice:

Signed:

Date:

Please return completed form by post with cheque payment to: **30, Osborne Place, Leominster, Hfds HR6 8BW** 

or pay by BACS using your name as a reference to: Herefordshire FEI Cluster Group' (HSBC) Sort Code: 40-24-11 Account No: 91856782 For Office Use Only

Membership No:

Date: