

**Friends of Holywells Park  
Membership Application Form**

**Membership type:**

Family/Single (delete as applicable)

**Personal details:**

**Mr/Mrs/Miss/Ms/Other** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Postcode** \_\_\_\_\_

**Tel. No.** \_\_\_\_\_

**Email** \_\_\_\_\_