

Quinssa!

Quins Supporters' Association
www.quinssa.org.uk

MEMBERSHIP APPLICATION

Full Name _____

Address _____

_____ Post Code _____

Telephone (Day) _____ Evening _____

E-Mail address _____

I wish to join the Quins Supporters' Association. I enclose herewith my remittance for £5 being my Annual Subscription for the current membership year.

Signature _____

Date _____ 200__

Subscription Fees: £5 per season.

Privacy: We will not share your details with anyone
Email: Please include an email address if you have one
Cheques: Payable to the Quins Supporters' Association

Please hand this form back, or return it to:

Simon Coleman,
Quinssa! Membership Officer,

28 Gilmais,
Great Bookham
Leatherhead,
Surrey KT23 4RP

members@quinssa.org.uk