

# CVAM renewal of membership (Friend)

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**FRIEND MEMBERSHIP FOR THE YEAR COMMENCING 1 SEPT 20 .....**

NAME

ADDRESS

HOME PHONE NO:

MOBILE NO:

EMAIL ADDRESS:

**I enclose a cheque/cash for £5 (cheque should be made payable to CVAM)**

Please complete the form and return it, together with payment to the Group Treasurer:

Peter Beange,  
West Barn,  
Cameley,  
Temple Cloud,  
BS39 5AH

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CVAM use only:

Membership card no:.....

Issue date.....

Cheque/cash.....