

Membership form

Name:

Address:
.....

Telephone Number:

Email address:

I would like to be a "Friend of Webb-Peploe Surgery", and I would be willing to help with those activities that I have ticked below:

Tick one or more of the following:

- Administrative work such as typing, mail shots, etc.
- Fund raising activities such as, for example, helping to run coffee mornings.
- The Befriending Service.

Signed:

Date: