King of Scots Robert The Bruce Society

SCIO Charity No SC044370

Strathleven Artizans

MEMBERSHIP / SUBSCRIPTION FORM

Please PRINT clearly

Title Prof./Dr./ Mr / Mrs / Ms / Miss / other :.....

Full name:.....

Address: .....

.....

.....

.....Post Code:.....

Telephone number :.....
Mobile number :.....
Email address: .....

I enclose payment as follows **Cheques made payable** *to* **"Strathleven Artizans"**

- ❑ Full Membership @ **Joint** **£10:00p**
- ❑ Full Membership @ **Single** **£ 7:00p**
- ❑ Concessionary Membership @ **£ 5:00p** (*Student, Unsalaried, Retired*)

My areas of special interest are as follows: (*maximum 25 words*)

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Please return this form to:
King of Scots Robert The Bruce Society
The Great Hall Main Street
RENTON
West Dunbartonshire
G82 4LY
Websites: **www.strathlevenartizans.com/**

www.robertthebruceheritagecentre.co.uk/

For " King of Scots Robert the Bruce Society *"* ***official use only***

Date	**Paid (cash/cheque /PayPal)**	Joint /Single / Other	Approved	Officer
	£		Yes / No	