

APPLICATION FOR MEMBERSHIP OF THE HALIFAX AGRICULTURAL SOCIETY LTD.

FIRST NAME……………………………………………. LAST NAME…………………………………………….

STREET ADDRESS: ……………………………………………………………………………………………………………

CITY…………………………………………………… POST CODE…………………………………………………………

PHONE NO……………………………………………email………………………………………………………………….

MEMBERSHIP TYPE:

PLEASE TICK:

ANNUAL ADULT (£35.00 PER YEAR) ………

LIFE MEMBER. (£350) ………

ARE YOU:

A NEW MEMBER ………

AN EXISTING MEMBER ………

WOULD YOU BE INTERESTED IN HELPING WITH THE SHOW Yes/No

PLEASE COMPLETE THE FORM AND RETURN TO: members@halifaxshow.uk

BACS PAYMENT DETAILS: SORT CODE: 60 09 27. A/C NO. 83804900

 THE HALIFAX AGRICULTURAL SOCIETY LTD.

OR PRINT & POST WITH YOUR CHEQUE TO:

 MEMBERSHIP

 HALIFAX AGRICULTURAL SOCIETY LTD.

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 SIDDAL

 HALIFAX

 HX3 9BT