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Application Form Individual Membership of the British Walking Federation

Name			
Address			
County		Post Code	
E-Mail			
Family Member Adult			
Family Member Child			
Family Member Child			
Family Member Child			
Family Member Child			
MEMBERSHIP TYPE:	Individual @ £8.00	Family @ £11.00	

I confirm that the details given above are correct and enclose a cheque for £ _____
(Payable to: BWF)

Date _____ Signed _____

Please return completed application form to:

BWF Membership, Pat Charlton, 262 Wolsey Way, Lincoln, LN2 4ST