## Odiham Book Exchange

## Membership Form

Individual (18+)



## BLOCK CAPITALS PLEASE, EXCEPT FOR YOUR EMAIL ADDRESS

Title	Mr/Mrs/Miss/Ms	other/		Membership no:		
First Name						
Surname						
Address First Line						
Village						
Post Code						
Email						
Contact No.						
Year of Birth						
A membership donation for Odiham Book Exchange is essential to maintain this service to the community. A suggested minimum donation of £1.00 to cover the cost of the membership card will be accepted in cash on your first visit. Children's membership cards are free.						
Amount donated £		Receiv	ved by:	Date:	Date:	
Associated child	lren's membershij	o (unde	r 18)			
Name				Year of birth	Membership no.	
Child 1						
Child 2						
Child 3						
Child 4						
Please inform Od details given.	iham Book Exchang	e if you	wish to cancel this decla	aration or need to amend	d any of your contact	
details for the pu	rpose of communica	ition of (	Odiham Book Exchange	nge may hold my persor matters. This information mber or request my deta	on may be held while	
Date:						
1						