**Membership Form**

Single Membership £10.00 Covers one adult from the age of 16.

Family Membership £12.00 Covers two adults at the same Address.

Junior Membership Free Covers Juniors up to age of 16.

If applying for family membership please fill in full names of both people.

Please fill in the form below and return along with the appropriate fee to the Membership Secretary:

**Mr Steven Eccles**

**45 Meadowside Road**

**Cupar**

**Fife**

**KY15 5DD**

|  |  |  |
| --- | --- | --- |
| Title | First Name | Surname |
|  |  |  |
| If applying for family membership, please enter the name of the second adult below |
| Title | First Name | Surname |
|  |  |  |

|  |
| --- |
| Address  |
|  |
|  |
|  |
| Town |  |
| County/Region |  |
| Postcode |  |

|  |  |
| --- | --- |
| Telephone Number |  |
| Email Address |  |

Type of membership

|  |  |
| --- | --- |
|  | Single Membership |
|  | Family Membership |
|  | Junior Membership |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you require a copy of the SVVF Yearbook each year? | Yes |  | No |  |

Cheques made payable to “FVAMC” please

Membership will be at the discretion of the committee members