

**Classical Association - South West Wales Branch**

**Membership Application 2014-2015**

Please complete the following details:

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| --- | --- | --- | --- | --- |
| **Name:** | | | | |
| **Address (optional):** | | | | |
| **Email Contact Details:** | | | | |
| **Phone Number** (if no email contact)**:** | | | | |
| **Are you under 18 or a Student** |  | **Over 18 and not a student** |  |  |
| **If a student which school or institution do you attend?** | | | | |

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| **Please give details of any topics or type of event you would like the Branch to arrange:** |

Date: