



Epping - Eppingen

Town Twinning
Association



Friendship - Partnership



Language - Education



Epping

Essex
England



Eppingen

Baden Württemberg
Germany

Town Twinning Membership Application Form

Please send completed application forms and mandates to:

Epping Eppingen Twinning Association
c/o 137-139 High Street
Epping
Essex CM16 4BD

Membership Application

To conform with the Data Protection Act I would like to become a member my details are as follows and I have no objection to them being held on an electronic data file whilst I am a member, on the understanding that they will not be disclosed to any other person outside the association and that when I cease to be a member they will be deleted.

Title Mr/Mrs etc.

Forename/s

Surname

Address

Post Code

Home Telephone

Mobile Telephone

E-mail

Standing Order Form Required Yes/No

Subscription Enclosed Yes/No

Signature

Date