MEMBERSHIP FORM



NERINE AND AMARYLLID SOCIETY

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Title	Last Name		First Name	
Address				
City		Post Code		
County		Country		
Phone				
Email				
Overseas mem	bership is £15. Subscript	O or joint membership is a tion Year commences 1st mber 31st of the following	Jan, membership of	•
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pelow and ser	nding this form to the Tro	easurer:-		_
		w, Churchstanton, Taunt payable to Nerine and Ar		
•		e website www.nerinean	•	
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