



CHELTENHAM INTER FAITH
2024 MEMBERSHIP APPLICATION

Title: Mr. Mrs. Miss. Ms. Other	Date:
First Name:	Surname:
Address:	Phone Number: Email:
Faith/beliefs if applicable:	
Your interests in joining: This will help us to cater for the diversity of our membership.	
Suggestions for talks, visits, or other activities:	
The Subscription for this year is £10 per person. Please don't forget to return this form when completed. in person, by post, or scan & email to stuarteltonstuartelton@gmail.com	
Payment by: Please tick which method you wish to use. BACS – preferred. Account Name: Cheltenham Inter Faith. Put your name as the reference. Sort code. 20 20 15 Account No. 40440302 Cheque: payable to Cheltenham Interfaith: or Cash. Please give direct to the Treasurer, Stuart Elton, 12 Westminster Close, Cheltenham GL53 7QP	
Your privacy is important to us. Your personal information will not be passed to a third party.	
For Office Use:	