

Rame Peninsula Beach Care

Lower Rock House

The Cleave

Kingsand

Cornwall

PL10 1NG

Rame Peninsula Beach Care

**Membership Application Form**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone number/s: |  |
| E-mail address: |  |

I support the work and objectives of Rame Peninsula Beach Care and would like to apply to become a member. I enclose a £1 membership fee.

Signature:…………………………………… Date:…………………………