

MEMBERSHIP RENEWAL FORM

Name:		
Address:		
Post Code:	Tel. No	
Date of Birth	E Mail Address:	
LMA No	SAA No. (Associate Members Only)	
	DECLARATION:	
1. I have read and und agree to be bound b	lerstood the Rules and Constitution of the Association and y them.	
I have no objection being stored in a co	to my name and other information on the application form mputer system.	
3. I enclose the memb	ership fee of : (please tick as appropriate and make cheque	es
○ £20.00 (if payme	ent is received by 31st January)	
○ £30.00 (if payme	ent is received after 31st January)	
,	ent is received by 31st January and you are renewing as an ember, please quote your SAA membership number)	
O £20.00 (if paym SAA Associate me	ent is received after 31^{st} January and you are renewing as a sember, please quote your SAA membership number)	n
	Date	

Please forward to:

Lynne Roberts, 37 Old Park Lane, Southport, PR97BQ

Tel: 01704 214832

 $\textbf{\textit{Email: membership@largemodelassociation.com}}$