



FRIENDS OF  
EARLHAM CEMETERY

# Membership Application Form

I would like to join / renew my membership\* of Friends of Earlham Cemetery.

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Tel No: \_\_\_\_\_

I enclose my membership fee of **£5**.

\* My payment includes a voluntary donation of £ \_\_\_\_\_

Total amount enclosed: £ \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\* Delete where not applicable.

Please make cheques payable to **Friends of Earlham Cemetery**.

Send your payment with the completed Membership Application Form to Friends of Earlham Cemetery, c/o 10 Stannard Road, Norwich, NR4 7JD, or give them to a Committee Member on one of our regular walks.

[www.friendsofearlhamcemetery.co.uk](http://www.friendsofearlhamcemetery.co.uk)