



CATS PROTECTION  
LAUNCESTON & DISTRICT BRANCH  
*(Reg.Charity No. 203644)*

**BRANCH MEMBERSHIP**  
**Subscription Form**

NAME: \_\_\_\_\_

*(Please use capitals for name and address)*

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I agree to pay £ \_\_\_\_\_ per year (min. £5/yr) and become a member of the Launceston & District Branch. In return I shall receive a Newsletter approx. every quarter.

My cheque for the sum of \_\_\_\_\_ is enclosed herewith.

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

**Please make cheques payable to:**  
**Launceston & District Cats Protection**

Please return this form to: **Mrs Carol Bennett**  
**‘Mor Enos’, 8 Trevella Road**  
**Bude, EX23 8NA**