



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