



EXETER LOCAL HISTORY SOCIETY

MEMBERSHIP APPLICATION FORM

Name:

Name (2nd applicant):

Address:

Email address:

Telephone:

I am interested in:

Where did you hear about us? .

By signing this application, you agree that your data will be stored and processed by the Society's committee. To update your information or have your data deleted, please send an email to exelocalhistorysociety@gmail.com.

Signature:

Date:

Signature (2nd applicant):