



**Alkionides UK**

**Membership form**

**Part A: Personal Information**

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

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

Telephone no: \_\_\_\_\_ Mobile : \_\_\_\_\_

Fax: \_\_\_\_\_ E\_mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Part B: Payment by cheque**

I enclose a cheque no: \_\_\_\_\_ made payable to ALKIONIDES

PLEASE SEND BY POST TO THE ADDRESS BELOW. THANK YOU

One year membership: £15.00

Donation (optional): \_\_\_\_\_

**Total:** £ \_\_\_\_\_

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

**Alkionides address and contact telephone numbers:**

**15, Westdene Crescent, Caversham Heights, READING RG4 7HD, UK**

TEL: +44 (0)1189 472405 or +44 (0)20 87402207

FAX: +44 (0)1189 472405