**Friends of Fareham Community Hospital**

**MEMBERSHIP FORM**

I should like to become a Supporter of the Friends of Fareham Community Hospital.

I enclose my subscription of £5.00 for the year ending 30 June next.

[Cheques should be made payable to Friends of Fareham Community Hospital

Or pay by Bank Transfer: Sort Code:20-30-89; Account: 43888142

Name (capitals please) .....................................................................

Address .....................................................................

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Postcode ....................................................................

Home Telephone .......................................................

Mobile Telephone ………………………………….

E-mail .......................................................................

Organisation represented ..................................................................

(if applicable)

Please send the completed form to:

The Friends of Fareham Community Hospital

c/o Peter Humphreys

47 Crescent Road

Locks Heath

Southampton

SO31 6PE