**MEMBERSHIP FORM**

If you would like to join us, fill in the details below:

**Name:** ..............................................................................................................

**Address:** ..........................................................................................................

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**Post Code:** .......................................................................................................

**Email Address:** .................................................................................................

**Date:** ...............................................................................................................

**Annual membership rates for 1st April to 31st March:**

* Single membership - £10.00
* Junior membership (under 18) - £5.00

**Please send your completed form and remittance to:**

Anna Belle Robertson

Sight Hill

Kyleakin

Isle of Skye IV41 8PN