

CAMBRIDGE ARCHAEOLOGY FIELD GROUP Application for Membership

Name:					
Address:					
Tel No:					
E-mail: Please indicate	whether documents		-mail. Yes	No	
How did you h	ear about CAFG?				
them and any	e Group's <i>Guidelines fo</i> subsequent amendme Protection Policy State	ents published to the	Group. I also	undertake to adl	here to the
Signed			Date		
Print					
following:- I have read the understands a	der 16, please ask you e Group's 'Guidelines f nd will abide by them; hat young people unde	or Fieldwork'. I conf I agree that (s)he sh	irm that my so all become ar	on/daughter (nam n active member o	ned above)
telephone nun manual filing s	nta Protection t object (delete as app nber, email address (w ystem. A record of yo e Group to pass this in	here applicable) and ur wishes is required	d subscription d under the Da	payments on con ata Protection Act	nputer or in a
Signed	I	Date			
	iptions, currently £10.0 AGM held in April eac		.5.00 for famil	lies, are payable o	n joining and

Please send the form and subscription to the secretary, 94 High Street, Great Shelford, Cambridge, CB22 5EH. The Group's bank account details for BACS transfers are available on request.