Cicy	If Renewal, MEMBERSHIP No. please
00	NEW RENEWAL FULL JOIN
NAME (Mr/Mrs/Mi	ssMs)Please tick as approp
ADDDRESS	
2nd NAME if Joi	nt Membership
POSTCODE	PHONE No
I/We agree to abid	le by the Constitution of the Dover Society.
Signed (1)	(2)
	ation may be read in the Reference Department of the Dover Public Lib
	constitution published by the Civic Trust)
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