



The Friends of Wentworth Castle Gardens & Stainborough Park MEMBERSHIP APPLICATION FORM

I / we wish to join the Friends of Wentworth Castle Gardens & Stainborough Park, and are willing to pay at least the fees shown.

NAME _____

Waged / unwaged (please delete as appropriate)

NAME _____

Waged / unwaged (please delete as appropriate)

ADDRESS _____

_____ POST CODE _____

EMAIL _____

TELEPHONE _____

Please return, with membership fees of £10.00 waged and £7.00 unwaged.
Any further donation, in addition to your membership fee would be greatly appreciated.

I enclose a cheque for £ _____ made payable to: 'The Friends of Wentworth Castle Gardens'

Return your completed form and remittance to:

The Friends Membership Secretary, c/o Wentworth Castle Trust, Lowe Lane, Stainborough,
Barnsley S75 3ET