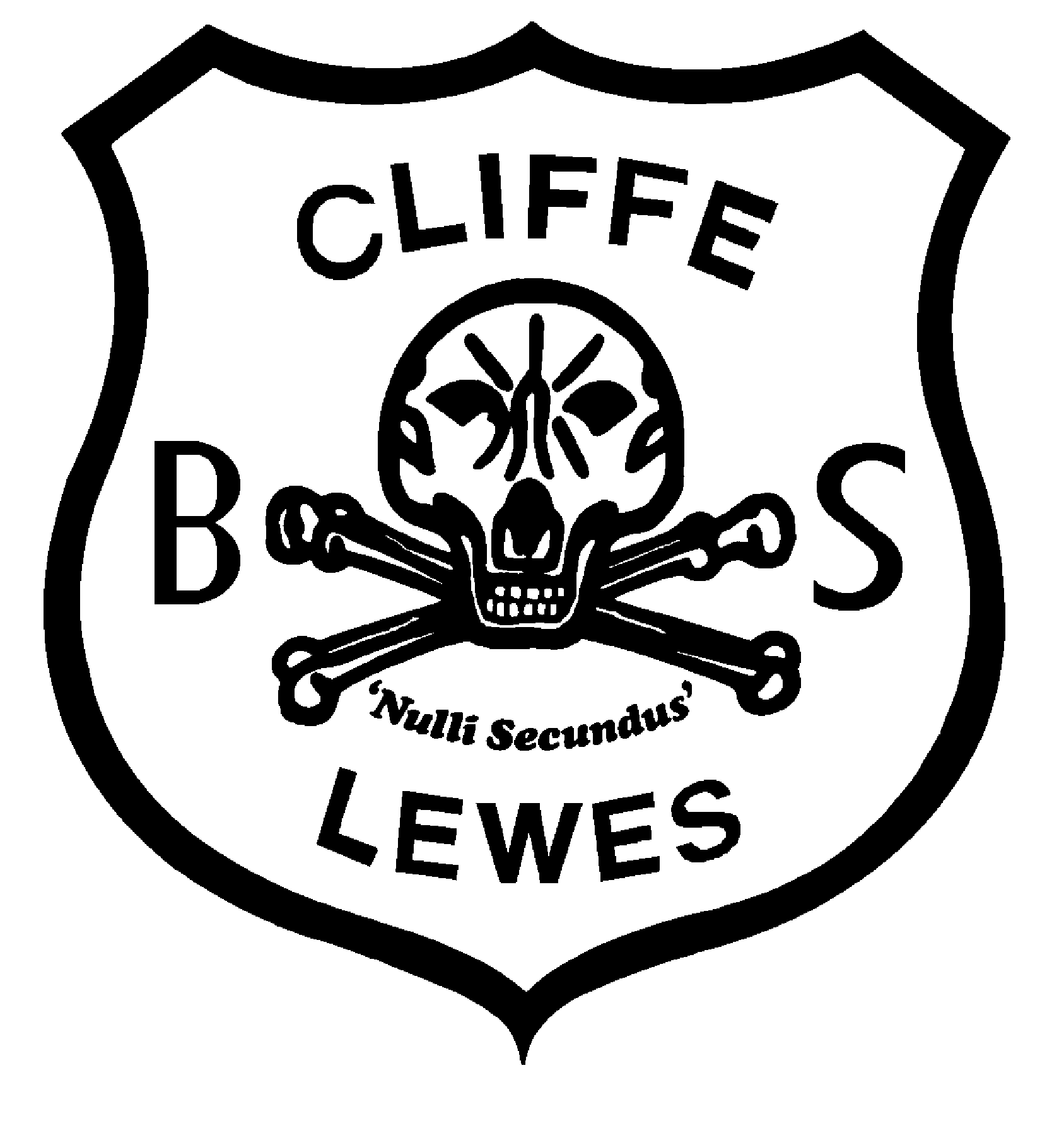
# 



# CLIFFE BONFIRE LTD

## CHANGE OF CONTACT/ADDRESS FORM

### Please use BLOCK CAPITALS

Membership Number (Adults only)

Name:

New Address:

Postcode:

Mobile : Tel:

Email:

Would you like your email forwarded to the ECN and Clarion Editor and receive the Clarion and ECN electronically:

YES / NO (delete as appropriate)

PLEASE NOTE – IT IS YOUR RESPONSIBILITY TO UPDATE THE EDITOR OF ANY  
CHANGE OF EMAIL ADDRESS IN ORDER TO CONTINUE TO RECEIVE THE CLARION.

Is the change of address for:

Just yourself 🞎

Other (please give names)

**PLEASE RETURN THIS FORM TO MEMBERSHIP SECRETARY: membership@cliffebonfire.com**