Membership App Please complete your details a	lication Form and return to: Membership Department, NNAS, Newark Showground, Newark, Nottinghamshire NG24 2NY
I wish to subscribe to Single Member (1 bade Joint Member (2 bade	
My contact details Please complete your details below	
Name	Surname
Company	
Address	
	Post Code
Tel No	Mobile No
Email	
Joint / Family & Frier	nds covered by your membership where applicable
Tiodoc complete the detaile of others	Initials/First Name Surname
Second Adult	
Third Adult	
Fourth Adult	
I wish to pay by cre I wish to pay by Dir I hereby apply for/	payable to NNAS for dit/debit card (please complete below) ect Debit (please send me the forms) renew membership of the Newark and Nottinghamshire Agricultural Society and I agree, if th to be bound by the Memorandum and Articles of Association and the Rules, Byelaws are try for the time being.
Signed	Date Date your Membership only.
Payment by Credit/D	ohit Card
	ebit Card
I wish to pay by Visa / Mas I authorise you to debit my a	ccount with the amount of £
Card Number Issue No. (Switch and Solo Valid from	Last 3 numbers on reverse of the card: Expiry date MM/YY Expiry date MM/YY
Name on Card	
Name on Card	
Cardholder's address	
Signature	Telephone