



I WOULD LIKE TO BE A MEMBER!

Please print and complete this form and bring it with you to the next meeting or post with a check to:

Mrs Christine Caulfield (BoltonAES), 11 Bailey Lane, Bolton, BL2 5EN

First Name _____

Surname _____

Email Address _____

Postcode *(this cannot be used for marketing)* _____

Type of Membership *(circle)*

Adult

Student

Family

How did you find out about BoltonAES? _____

What are your main interests? *(circle)*

Archaeology

Egyptology

Local History

Are there any topics you would like us to cover in our lectures?
