

THE INVERNESS WINE APPRECIATION SOCIETY

APPLICATION FOR MEMBERSHIP

Surname (Mr/Mrs/Miss): _____

First Name(s) : _____

Address : _____

: _____

Post Code: _____ Tel No.: _____

Email address : _____

I agree to abide by the Constitution and Rules of The Inverness Wine Appreciation Society, and to support its aims and objectives. I understand I shall be furnished with a copy of the Constitution on acceptance of my application. I enclose the sum of £15.00 in respect of my membership for the current year.

Signed: _____ Date: _____

PROPOSER

SECONDER

Name _____ Name _____

Address _____ Address _____

Tel No: _____ Tel No: _____

PLEASE RETURN TO:

**Secretary
IWAS
60 Old Edinburgh Road
Inverness
IV2 3PG**

For official use only:

Date Received

Payment enclosed

Yes/No

Date considered

Date responded