



## MEMBERSHIP APPLICATION FORM

To register for the **LetsGoLocal** customer card, please complete the following:

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone No	<input type="text"/>
Date of Birth	<input type="text"/>
Email Address	<input type="text"/>

Would you like to receive the LetsGoLocal Newsletter via email?

How did you hear about LetsGoLocal?

**FOR TERMS AND CONDITIONS, PLEASE REFER TO THE WEBSITE**

Email: [michelle@letsgolocal.co.uk](mailto:michelle@letsgolocal.co.uk) or post to:

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