

Old Scarboroughs Association

Membership Information Update

Title (Mr., Dr., Prof., etc.): _____ Surname: _____
Degree(s): _____ Forename(s): _____

Address: _____

City/Town: _____

County/State/Province: _____ Post/ZIP Code: _____

Country: _____

Phone: _____ Fax : _____

Email Address: _____

Birth Date (yyyy-mm-dd): _____ Year of Entry: _____

Year of Departure: _____

Comments, Biographical Data, etc. _____

When you have printed and completed this form, please send it to the following address or send a scanned copy as an email attachment to the email address below:

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