

**The Lenches Pre-school**

**Affiliate Membership**

**Application Form**

**DETAILS**

Name:

Address:

Telephone:

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| --- |
| *Brief outline of reasons for application:*  |
| *What do you/your organisation offer that benefits The Lenches Pre-school:* |
| *What do you hope to gain from Affiliate Membership?* |

**CONTACT DETAILS**

**Name 1:**

**Role (within your organisation):**

**Email:**

**CONFIRMATION**

I/We consent to becoming an Affiliate member of The Lenches Pre-school
I/We consent to the above contacts being added to The Lenches Pre-school mailing list

Signed:

Date:

Name:

**Please return the completed and signed form to chair@thelenchespreschool.org.uk**