BOGs Membership Form - 2024 to 2025

(When renewing please return form even if details are unchanged)

Name:						
Née:						
Address:						
Phone _						
Email:						
Pleas	e inform m	embership	p secretary if	your det	tails change a	t any time
Attended	Barnes Girls	School:				
	Fr	om:		_ To:		
	Memb	<u>oership</u>	fee waiv	ed for	2024/202	<u>25</u>
Please t	ick as appro	priate:				
New	Member		Renewal			
I wish to r	eceive regu	ılar comm	unications b	y Post:		
	Yes		No			
Signature	:			Date:		
	•		o BOGs Mem	bership S	Secretary:	
Sally Warcu	ıp, 8 Freshw	ater Cou	rt, Kingsway,			
Chandlers F	ord, South	ampton, 9	SO53 5DY			



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