



MEMBERSHIP/SUBSCRIPTION FORM

(Please print clearly)

Title (Prof./Dr./ Mr / Mrs / Ms / Miss / (other):.....

Full name:.....

Address (*please use your institution if possible*):

.....

.....

.....Post Code:.....

Telephone number/s:.....

Email address:.....

I enclose payment as follows (*cheques payable to 'London Medieval Society'*):

- Full membership @ £20
- Concessionary membership @ £10 (*student, unsalaried, retired*)

My areas of special interest are as follows:

.....

.....

.....

.....

.....

(*maximum 25 words*)

Please return this form to: Christopher Lay
 Queen Mary, University of London
 London
 Mile End Road,
 London
 E1 4NS

(*For The London Medieval Society officers' use only*)

Paid (cash/cheque)	Date	Treasury records	Mailing list	Officer
£				