



Mr/Ms/other: _____

Name: _____

Address: _____

Postcode: _____

E-mail: _____

Type of membership (please circle):

Individual

Family

Concession

Quinta

I have enclosed £..... made payable to 'The Arbeia Society'

I am aware my details will be held on a database, to be used solely by Society officers

Signed:

Date:

Please send completed form to:
The Secretary, The Arbeia Society, Arbeia Roman Fort,
Baring Street, South Shields, Tyne and Wear, NE33 2BB
Tel: (0191) 454 4093