Application For Membership

Please use BLOCK CAPITALS Membership Type (please circle): Full Junior Associate Family Corporate Title (Mr/Mrs/Dr/Rev/other) Full name, as you would like it to appear on your certificate: Date of birth Address Postcode Telephone Number Mobile E-mail address Where did you hear about the Association? Did you apply for a route pack? Name of local newspaper Charity (if applicable) Amount raised £ Website URL (if applicable) Blog address (if applicable) "Data Protection Act: The information you provide on this form will be stored on computer and will be used by the Association solely for its efficient running. We will keep it confidential and will not share it with others without your prior agreement, except where the law permits. Under the terms of the Data Protection Act 1998, you are entitled to request a copy of the information we hold relating to you for which a small charge will be payable. Signing the form assumes acceptance of this statement." Signature Date

JOHN

Details of Journey

Mode of transport					
Journey direction (Please circle)	LE to JOG	JOG to LE	LE JOG LE	JOG LE JOG	
Date of commencement of journe	ey		Time		
Date of completion of journey			Time		
Total time taken					
Brief resume of how you completed the journey, high and low points, and what/who inspired you to do it. (to assist the committee in the selection process of the trophies)					
The Association publishes a journ will receive as a member. The Co article, with photographs, about stories introduce new members to give more information to the con can be found on our website and	mmittee ence their journey o the Associa nmittee and l	ourages all ne to the editor ation and are help with awa	ew members to for publication enjoyable to r	o submit an on. Published read; they also	
Association Website: <landsend- "Quo Vadis?" Blog: <quovadislej Please join our Facebook Group:</quovadislej </landsend- 	og.blogspot.c	com>	ın o' Groats A	ssociation"	
Please enclose a cheque for £15 (payable to 'Land's End John o' Godirectly into the following accours Bank: HSBC Bank Plc, Penzance Sorting Code: 40-36-13 Account Number: 51055577 (For Family Membership Rates, p	roats Associa nt of the sam	tion'. Alterna e name:	tively, please	deposit	
Please post or email your applica Membership Secretary, Adrian C	tion to:		·		

Please post or email your application to:

Membership Secretary, Adrian Cole,
St Anthony's, Greenhill Road,
Sandford, Somerset, BS25 5PB.

e-mail: <aadriancole@gmail.com

Journey Verification

Use these sheets to collect franks from Youth Hostels, B&Bs, Hotels, Campsites, Post Offices, Petrol Stations, and other sources. You may complete as many pages of this form as needed for your journey. On completion of your trip, submit a copy with your application. The Association will retain the forms as permanent record. The Association reserves the right to use its own discretion to determine what constitutes satisfactory proof of the completion of your journey.

JOHN O GROATS	Record of the Journey of:	Start Stamp:
VOSOCIATION		Date:
Date:	Date:	Date:
Mileage totals Day: Cumulative:	Mileage totals Day: Cumulative:	Mileage totals Day: Cumulative:
Date:	Date:	Date:
Mileage totals	Mileage totals	Mileage totals
Day: Cumulative:	Day: Cumulative:	Day: Cumulative:
Date:	Date:	Date:
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JOHN O	Record of the Journey of:	Date:
ASSOCIATION OF STREET OF S		
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Date:	Date:	Date:
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