



WOUGHTON ECUMENICAL PARTNERSHIP

Please print

I confirm that I, _____ (*full name*), wish to remain a member of the
Woughton Ecumenical Partnership for the coming year. I attendChurch.

My current address is:

Phone number(s): home

mobile

Email address:

Signature

Date

PLEASE RETURN YOUR COMPLETED FORM TO YOUR MEMBERSHIP SECRETARY OR CO-ORDINATOR
IN YOUR CHURCH **BY THE FIRST SUNDAY IN MARCH** THANK YOU