



Registration: of a Trefoil Guild



COMPLETE IN BALL-POINT PEN IN BLOCK CAPITALS. DELETE STARRED * ITEMS AS APPROPRIATE

Name of Trefoil Guild.....

Date of formation Number of members

District

Division

County

Chairman: Mrs/Miss/Ms/Mr

Surname

First Name

Address

..... Post code

Telephone inc. dialling code

E-mail

Signed Date

Trefoil Guild Chairman

Signed Date

* District/Division/County Commissioner

Signed Date

County Trefoil Guild Chairman

Once the Guild is established please get each member to complete a Members Personal Details form (available from the Trefoil Guild Office or the website) and forward the forms to the Trefoil Guild Office.

FOR TREFOIL GUILD OFFICE USE ONLY

- Trefoil Guild registered (date)