

THE OLD THORNTONIANS ASSOCIATION (CLAPHAM) President: Michael Caplan KC

#APPLICATION FOR MEMBERSHIP

Personal details	
Surname: First name(s): (Mr/Mrs/Ms/Dr)	
Address (for all correspondence):	
Postcode:	
Tel no: Mobile no:	
Email:	
Membership category	Annual Subscription
Full (former pupils and staff) Attendance years at Henry Thornton School, Clapham/Chichester:	£10.00
19 19	
Associate (eg, relatives of pupils) Please state briefly your association with the school:	£6.00
Please return completed form, with appropriate subscription, to the	ne Association Treasurer:
Peter Greenwood, 15 Stirling Way, Horsham, RG	13 5RX
Cheques should be made payable to: "Old Thorntonians Association	ion"
# The Management Committee may at its discretion decline to accept applications subsequent renewals	s for membership, including
Data protection The information you have provided on this form will be used by the Association, which includes compost, telephone and email. It will not be disclosed or sold to any third p	nunicating with members by
Please indicate below that you have read and accept these terms.	
Signed: Date:	
www.oldthorntoniansclapham.org.u	ık