

WTH Business Friend Application Form

We wish to become a Business Friend of Wem Town Hall	
Name of Business	
Address	
	Post Code
Please fill in details of your ch	nosen beneficiaries to receive WTH Membership
Title First Name	Surname
Title First Name	Surname
Address	
	Post Code
Telephone Number	
Email	
Please enclose a cheque for £6	0 payable to Wem Town Hall CommunityTrust
If you would prefer to set up a D	Direct Debit of £50 please contact the Town Hall
Please return the completed for	m to Wem Town Hall, High Street, Wem SY4 5DG