

ELGIN MUSEUM YOUNG MARVELS

APPLICATION FORM

I would like to join the Elgin Museum Young Marvels Club. I enclose my membership fee of £1 for the next year and look forward to hearing of the offers available.

Name	
Address	
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Postcode	
Email address	
(Please supply your parents' email address if you do not have one.)	
Parents - please sign below.	
	Parent's Name
	Signature



