

KESTEVEN AND SLEAFORD AND SLEAFORD HIGH SCHOOL  
OLD GIRLS' ASSOCIATION

**APPLICATION FORM FOR MEMBERSHIP**

**Please complete in capital letters**

**First Name** .....

**Surname** .....

**Maiden name** .....

**Address** .....

.....

.....

.....

**Email** .....

**Mobile telephone number** .....

I wish to become a member of the Kesteven and Sleaford High School Old Girls'  
Association

I left school in ..... [year]

If you would care to share any news in the association's newsletter please include this on  
a separate sheet.

Return to: kshsoga@gmail.com