

**Registration form**



**First name**



**Surname**

**Address1**



**Address2**



**City**



**Postcode**



**Country**



**Tele. No.**



**Email**



**Con. email**



**Password**



**Con. Pass.**

**Are you a member?**

**Yes** **No**

**IF you are not a member are you considering becoming one?**

**Yes** **No**

**Would you like to be kept up to date with WIFFA events and community participation event?**

**Yes** **No**

**Would you like us to send you third party events information?**

**Yes** **No**