



Membership Form

Membership: Adult Under 16 (delete as appropriate)

Name _____

Address _____

Email: _____

Contact Telephone Number _____

Membership/Team Magpie Number _____

Received By _____ Amount _____

I agree to accept and abide by the NCFCOSA constitution and rules:

Please Sign Here _____

Cheques payable to: Notts County FC Official Supporters Association.

Please return your completed form to:

NCFCOSA, Notts County FC, Meadow Lane, Nottingham NG2 3HJ



Facebook: www.facebook.com/nfcosa

Twitter: <https://twitter.com/NCFCOSA>

<http://www.nottscountyfcofficialsupportersassociation.co.uk/>