



ORDINARY MEMBERSHIP APPLICATION FORM

CONDITIONS OF MEMBERSHIP

- I am over 18 years of age
- I am on the Electoral Roll for PH50 postcode area
- I am a permanent resident of Kinlochleven
- Membership shall be terminated when a member gives up residence in the Kinlochleven Area.
- The company reserves the right to refuse membership.
- Up to a limit of £1, members undertake to contribute to the assets of the company in the event of the company being wound up whilst they are members or within one year after they cease to be members in respect of debt, costs etc.

APPLICATION

NAME _____

ADDRESS _____

POST CODE _____

DATE OF BIRTH _____ TEL NO _____

EMAIL ADDRESS _____

I wish to apply for membership of the Kinlochleven Community Trust. I have read the conditions of membership and agree to comply with them. **I hereby certify that the above statements are true and correct. I understand that a false statement may disqualify me for membership.**

SIGNED _____ DATED _____

I AM WILLING / NOT WILLING (delete as applicable) to be nominated to serve as a Director of the Company and to so serve if elected.

SIGNED _____ DATED _____

Email: admin@kinlochleven.co.uk website: www.kinlochleven.co.uk

"The information that you have provided, will be kept on file in line with the Data Protection Act 1998, and will not be shared with third parties without your prior permission. Kinlochleven Community Trust is registered with the Information Commissioners Office under registration reference Z88376."