



Membership Application Form (Resident)

(Please complete all details in BLOCK CAPITALS)

I agree to abide by the rules* laid down by the Management Committee. I am over 18 years of age.

Surname Forename (s)

Address

Postcode Telephone (home)
 (mobile)

Date of Birth (work)

Family Membership

Partners name..... Date of birth

Children

Name Date of birth

Name Date of birth

Name Date of birth

Signature: Dated:

**copies of the rules can be obtained on request*

Completed applications should be returned to: Croxley Green Parish Council, Community Way, Croxley Green, Rickmansworth, WD3 3SU or to the Community Centre, Community Way, Croxley Green, WD3 3PA

For Parish Council/Executive Committee Use ONLY

On Electoral Role: Yes No A R Mem. No.:

if no, evidence of residency verified: Yes Date:

Signed:
(Chair/Vice Chair, Exec. Comm.)