Text

Description automatically generated**Membership Application**

**Kinlochleven Community Benefit Fund**

(SCIO SC049946)

| First Name: | Surname: |
| --- | --- |
| Address: | |
| Address: | |
| Address: | |
| Post Code: | |
| Contact Number: | |
| Email: | |

| Membership Applied For: FULL |
| --- |
| Full Membership is retained continuously whilst an individual meets all the membership criteria below, or until they cancel their membership. |

| Preferred Contact Method: (tick all that apply) | | |
| --- | --- | --- |
| Email | Telephone | Post |

| Membership Criteria | |
| --- | --- |
| Please confirm that you qualify for each of the following criteria making you eligible for membership: | |
| Aged 16, or over |  |
| Ordinarily resident within the Kinlochleven Community Council Area |  |
| Registered to vote within the Kinlochleven Community Council Area |  |
| Support the purposes of the Kinlochleven Community Benefit Fund |  |

| Membership Confirmation |
| --- |
| I confirm that I am applying for membership to the Kinlochleven Community Benefit Fund (SC049946) according to the membership criteria above and will comply with the Kinlochleven Community Benefit Fund (SCIO) Constitution. |
| Signature:  Date: |

Please email completed forms to info@kcbf.co.uk