**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 |
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| 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 |
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| 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