

Leadgate Task Force

MEMBERSHIP APPLICATION FORM

Personal Details

Name:	
Address:	
Postcode:	
Contact Number:	
Mobile:	
Email:	
Additional Information	If you have any specialist skills, qualifications, knowledge or even just some specific interest or availability (time), that you are able to offer to assist with things such, Project Idea's, research, monitoring, content management/updating of websites, leaflet distribution or even just being able to get out and about to speak to people in your immediate area, then please mention them below:

Agreement and Signature

I Confirm and Understand that:

- a) I am aged 18 or Over.
- b) I am a resident in either Leadgate or the surrounding area.
- c) All information supplied is true and correct.
- d) If any of the supplied information is false or misleading, or if I do anything that is deemed to be not in the best interests of the Leadgate Task Force, that my membership can be terminated.
- e) By signing this document, that I agree with the Task Force aims, as laid down in their Constitution and to abide by the conditions of membership.
- f) Attendance at meetings is by personal choice, I'm under no obligation to Leadgate Task Force whatsoever & can if I wish just receive or submit information, comments, or ideas.
- g) I can opt out of being a member, receiving emails, newsletters and phone calls about the Task Force or request that my details are not distributed outside of the Leadgate Task Force at any time.

Signature	
Date	

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST IN BECOMING A MEMBER OF LEADGATE TASK FORCE

Task Force Administration only	
<i>Membership Number:</i>	
<i>Start:</i>	
<i>End:</i>	
<i>Misc:</i>	