Membership Form



Working for the Community

I hereby apply to become a member of Aultbea Community Hub and declare that I am 16 years of age or older and agree to abide by the rules and objectives of Aultbea Community Hub, as set out in the constitution.

Please complete and return the form to Aultbea Community Hub Secretary, Stan Miller, 7 Aultbea, IV22 2JA or hand it in at Croft Fresh Café any Thursday or any Hub event.

Note: Currently there is no membership fee, although you may wish to give a donation to help us achieve our goals.

Title (Mr/Mrs/MS/	Other):		
First Name:			
Surname:			
Address:			
Postcode:			
Tel / Mobile:			
Email:			
Membership Class (Circle one only)		Ordinary / Associate	
Ordinary Membership applicants must reside in the area of benefit. Associate Membership applicants can reside out with the area of benefit. Please indicate if you agree to Aultbea Community Hub sending you information about Hub news, events, official notices etc. Tick box(s) as applicable. I agree to receive information via (Please tick if you agree): Email: Phone: Mail: Text:			
Would you be willing the following areas.	to help Aultbea C	ommunity Hub in some	capacity? If yes, please indicate in which o
Yes:	If yes	Volunteer	Trustee / Board
No:	Pul	blicity / Promotion	Other
Signature Date For Aultbea Community Hub use only (Please do not write anything below this point)			
Date application rec	eived:		
Date Applicant Infor	med:		
Signed by: (Chair / Vice Chair / Treasurer / Secretary			