

## **CHARLES BURRELL CENTRE LIMITED – Members Application Form**

I wish to apply to become a member of Charles Burrell Centre Limited, Community Benefit Society.

Name				_
Address				_
			Postcode	-
Email address			Phone	-
	ng on behalf of an organisati ned above must by the officia		-	
Each member m	ay hold one share only in th	e Society. Minimum dona	tion £1.00	
Amount donate	d			
Please tick the b	oxes below to indicate that	you agree with the statem	ents:	
🗆 I have r	m that I am 16 years old o ead the Rules of Charles E of the Society*		ommunity Benefit Society a	nd support the
Please tick the	box(es) below to indicate	which stakeholder grou	ıp best describes you:	
🗆 Se	rvice provider	Tenant	Supporter	
Signature			Date	-
	neques payable to "Charle r BACS/online banking pay		er 20345884, Sort Code 60-8	83-01
* The rules of t	he Society can be found c	on our website at <u>www.c</u>	charlesburrellcentre.org.uk	
		Charles Burrell Centre	Ltd	