



(The Independent voice of Colbrook, Poyle, Brands Hill and Westfield Residents)

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Name:	
Address:	
Postcode:	
Main Contact Number:	
Mobile Number:	
Email address:	
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:
Please disclose any involvement and commitment you have/hold with any other local organisations or groups in the Colbrook Ward	

**** Information supplied will only be visible to CCA members and key project partners ****

AGREEMENT and SIGNATURE

I Confirm and Understand that :

- a) I am aged 18 or Over
- b) I am a resident in either Colbrook, Poyle, Brands Hill or Westfield.
- 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 C.C.A. that my membership can be terminated
- e) By signing this document, that I agree to abide by the conditions of membership as laid out in the Colbrook Community Association Constitution (details overleaf)
- f) Attendance at meetings is by personal choice, I'm under no obligation to CCA what so ever & 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 phonecalls about the association or request that my details are not distributed outside of the CCA at any ti

SIGNATURE:	
DATE:	

**** THANK YOU FOR COMPLETING THIS APPLICATION FORM AND YOUR INTEREST IN BECOMING A MEMBER OF CCWG ****

C.C.A. Administration use only:	
MEMBERSHIP NUMBER:	
Start Date:	
End Date:	
Misc:	