



## APPLICATION FOR MEMBERSHIP

*Please complete and return:*

*By post, to:*

*Company Secretary  
Number One Community Trust  
1 Rowan Tree Road  
Tunbridge Wells TN2 5PX*

*Or by Email to:*

*onecommunity@btconnect.com*

*If the form is returned by Email, the covering Email will be recorded in place of signature.*

Title	Forename(s)	Surname
Postal address (incl postcode)		Email address
		Telephone

Please tick here if you are happy to receive communications and papers by email	<input type="checkbox"/>
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I apply to become a member of the Number One Community Trust.

Signature: ..... Date: .....

*Membership of the Charity is open to any individual or organisation interested in promoting its Objects who:*

*Applies to the Charity in the form required by the Trustees;*

*Is approved by the Trustees; and*

*Signs the Register of members or consents in writing to become a member either personally or (in the case of a member organisation) through an authorised representative.*

*(Extract from the Articles of Association of Number One Community Trust (TW) Ltd.)*