



APPLICATION FORM TO BECOME AN ORDINARY MEMBER OF GRŴP CYNEFIN

Full name: Title (Mr / Mrs / Miss / Ms):

Address:

.....

.....

Postcode:

Tel. No: E – mail address:

Employment:

If unemployed, last employment:

How did you hear about Grŵp Cynefin:

.....

Please give reasons why you wish to become a member:

.....

Have you any qualifications, interests connected to housing?

.....

If you, or a close relative, work for or provide services for Grŵp Cynefin please tick box.

Are you registered as disabled?

Yes

No

I wish to apply to become a shareholder of Grŵp Cynefin. I enclose £1.00. I certify that I am not employed by Grŵp Cynefin or the owner or shareholder of a company, or work for a company that benefits from providing a service for the Association.

Signed:

Dated:

Your application to become a member will be considered at the next Board of Management meeting (February / March / July / December). You will receive confirmation of its decision following the meeting.

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