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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I wish to become a member of Crathes Public Hall Trust [SCIO]**  **I am aged 16 or over and reside within the area bounded by the River Dee on the south, the Hill of Fare on the north, and extending to approximately five kilometres east and four kilometres west of the hall.**  **I have read the summary of membership requirements.** | | | | | | | | |
|  | **Title** |  | **First Names** | | |  | **Surname** |  | |
|  |  |  |  | | |  |  |  | |
|  | | | | | | | | | |
|  | **Address Line 1** | | |  | | | |  |
|  | | | | | | | | |
|  | **Address Line 2** | | |  | | | |  |
|  | | | | | | | | |
|  | **Postcode** | | |  | | | |  |
|  | | | | | | | | | |
|  | **Email address** | | |  | | | |  | |
|  | | | | | | | | | |
|  | **Signature** | | |  | | | |  |
|  | | | | | | | | |
|  | **Date** | | |  | | | |  |
|  | | | | | | | | |
|  | **For completion by the Membership Secretary** | | | | | | |  |
|  | **Date membership commenced** | | | |  | | |  | |
|  | | | | | | | | | |
|  | **Date membership ceased** | | | |  | | |  | |
|  | | | | | | | | | |
|  | **If the application is rejected, please give reasons** | | | |  | | |  | |
|  | | | | | | | | | |