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If you have any questions, call our Members' Helpline on 01992 822800 or 0845 307 4000

ORDINARY MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS (please use BLOCK CAPITALS). Please do not leave any of the boxes blank - if not relevant to you please indicate 'None'.

Full Name:	
Address:	
Postcode:	
Membership Number:	
Occupation:	
Name of Employer: (if not relevant please indicate None')	
Directorships Held: (if not relevant please indicate 'None')	
Public Offices Held: (if not relevant please indicate 'None')	
Links With the Consumer Movement: (if not relevant please indicate 'None')	

I apply to become an Ordinary Member of Consumers' Association.

I understand that I could be liable for an amount not exceeding 50 pence for payment of any debts or liabilities of the Association in the event of the Association being wound up.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____
Chairman of Council