

## MEMBERSHIP APPLICATION FORM

I \_\_\_\_\_ wish to apply for Full/Youth/Associate  
Membership of Guardbridge Community Development Trust.

Address:

Post Code:

E-mail Address:

Mobile Tel No:

Home Tel No:

I agree to comply with the Articles of Association of Guardbridge Community  
Development Trust.

Signature ..... Date .....

Please return to [GCDTcontact@gmail.com](mailto:GCDTcontact@gmail.com) or deliver to Chair of Trust,  
71 David Finlay VC Place, Guardbridge, KY16 0XJ

Registered Charity: SCO 48276

Company Registration: SC582245