

Equals Membership Form

Please PRINT this out then fill in your details and return this form to:

The Equals Membership Secretary,
c/o Community Action Isle of Wight, The Riverside Centre,
The Quay, Newport, PO30 2QR.

First Name(s): _____ Title: _____

Last Name: _____

Address: _____

Post Code: _____ Tel: _____

Work Address (optional):

Post Code: _____

Do you have any relevant experience or contribution which might benefit the group?

I subscribe to the constitution of Equals.

Signature: _____ Date: _____

Please return this form to: The Equals Membership Secretary, c/o The Equals Membership Secretary, c/o Community Action Isle of Wight, The Riverside Centre, The Quay, Newport, PO30 2QR.

NOTE: this information will be used to add to the membership list of Equals and will not be passed on to any other agency.

FOR OFFICIAL USE ONLY: Date Received: _____

Signature: Chair / Secretary: _____ Membership Number: _____