



Vinters Park Residents Association

APPLICATION TO JOIN THE COMMITTEE

Name:.....

Address:.....

.....

Contact No:.....E-mail:.....

Date of Birth (*required by Charities Commission*):.....

Please let us know your reasons for wanting to join the Committee and what you will be able to bring to the role.

Signature:.....Date:.....

Please return this form to: The Secretary, VPRA, The Community Centre, Aldon Road, ME14 5QF

For VPRA use only

Proposed by:.....

Seconded by:.....