H E A T H C O T E Community House Membership Form 1 <sup>st</sup> July 2018 – 30 <sup>th</sup> June 2019	
New / Renewal (please circle) Name: Address: Town:Post Code: Phone:	Family Membership (please list family names)
Mobile:E-mail: Signature: By signing this form, I agree to follow all policies and procedures of the Heathcote Community House. I acknowledge that my membership is provisional until ratified by the Committee of Management.	For Staff Use only:         Member Card Number/s: