

**Madcap Trust Ltd
Membership application form**

Name: Phone Details:
Address: Home:
..... Mobile:
.....
Postcode:
Email address:

For under 16 year olds:

Date of Birth:
Emergency Contact: Relationship:
Name: Phone number (if different from above)
Address (if different from above) Home:
..... Mobile:
.....
.....
Postcode:

Please let us know which areas of creativity you are interested in/would like to take part in

Please let us know of any skills which you may be able to use to help Madcap

Madcap Trust Limited Constitution

3. Membership

- a. Application for membership is open to everybody.
- b. Application will be made by filling in a current membership form.
- c. Applications will be considered at the next Board of the Trust Meeting. Acceptance of an application is at the Boards discretion and the Boards decision is final.

For Office Use
Amount paid: Date of Board acceptance: