



NORTH OXFORDSHIRE COMMUNITY FOODBANK

MEMBERSHIP APPLICATION

I apply to become a member of the North Oxfordshire Community Foodbank

I have been given a copy of the NOCF Constitution and agree to abide by it

I understand that the current membership dues are set at £0 annually

I understand that I should notify the NOCF Secretary if I no longer wish to be a member

I understand that the NOCF Executive may rescind my membership if circumstances warrant this

PLEASE COMPLETE THE FOLLOWING DETAIL IN BLOCK CAPITALS

Name:

Address:
.....

Post Code:

Phone: Mobile:

Email:

Special Interests:

e.g. Friday Volunteer

Signed: Date:

Membership Confirmed

Official: Date:

Membership Resigned/Rescinded

Official: Date: