

Application for membership

Please send to:
Luton Foodbank,
PO Box 1379,
Luton,
LU1 9PS



I wish to apply to be a member of Luton Foodbank.

I hereby apply for a single £1.00 share in the Society. I understand that, in the event of dissolution of Luton Foodbank, I will be liable for the value of the unpaid amount of my share (£1.00 only).

I agree to support the objects of the Society, to participate in general meetings, and to take an active interest in the operation and development of the Society and its business.

Title (Mr/Mrs/Ms etc) _____

Full name _____

Date of birth / /

Address _____

Postcode _____

Email (OPTIONAL) _____

Signed _____

Date / /

*Membership is open to persons aged 16 or above.