

Application for membership*

Please send completed form to:

Luton Foodbank
Serif House
10 Dudley Street
LUTON
LU2 0NT

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 _____

***Membership is open to persons aged 16 or above.**