



# Bicester Good Neighbour Scheme

## MEMBERSHIP APPLICATION FORM

***Please complete this form and send it to Bicester Good Neighbour Scheme,  
(See address on the 100 Club Subscription Form)***

**\*\*\*\*\*Please complete this membership form IN BLOCK CAPITALS!!\*\*\*\*\***

Membership to Bicester Good Neighbour Scheme commences immediately, and lasts indefinitely, unless you specifically request to cancel membership. There is no membership fee.

In order to keep you up to date with our activities, we would like to contact you by email. Please indicate whether or not this is acceptable to you:

Please do/do not contact me by email.

**Thank you for your support of our group. Our clients benefit greatly from the service that our volunteers give, and without your support we could not continue to do our good work.**

Name:.....

Address: .....

.....Postcode: .....

Email: .....

Signature .....Date .....

**Membership Number ..... (To be filled in by BGNS)**

...CUT HERE SEND TO MEMBER .OR LEAVE UNCUT AND SCAN/PHOTO WHOLE SHEET AND SEND BY EMAIL OR WHATSAPP .

**Membership Confirmation:**

*This form confirms that .....is a member of the Bicester Good Neighbour Scheme.*

**Membership Number ..... (To be filled in by BGNS)**

BGNS Committee Member:.....Date ...../...../.....