

Leiston Community Land Trust Application for Membership

I would like to apply for membership of Leiston Community Land Trust. I am applying as (please tick one) –

An individual (I am aged 18 or over and living or working in Leiston-cum-Sizewell).

The nominated representative of an organisation active in Leiston-cum-Sizewell.

As an Associate Member (I do not live or work in Leiston-cum-Sizewell and understand that I cannot directly benefit from the CLT).

I understand that my application will be considered by the LCLT Directors at their next meeting.

Contact Details *Please Print*

Name:

Organisation:

Address: *(include postcode please)*

Email:

Home Telephone:

Mobile:

If you have any particular areas of interest, please provide any relevant information below.

Preferred method of contact:

Email:

Letter – *Please only select this option if you do not have access to computer as postage is expensive and will add to the costs of the CLT.*

Please note that the Leiston Community Land Trust will not pass on your contact details to any other organisation.

Payment:

I have paid £1 cash.

I have enclosed a cheque for £1 made payable to the Leiston Community Land Trust.

I have paid £ donation
in cash for Associate
Membership

I have paid £ donation by cheque
payable to the Leiston Community Land Trust
for Associate Membership.

Signature:

*Please return this form & payment to the LCLT Registered Office,
c/o Leiston Town Council, Main Street, Leiston, Suffolk, IP16 4ER*