



MEMBERSHIP FORM

Name of Member:

Type of Membership

**** Constituted Group, Individual, Co-Optee, Associate Member**

**** Delete where Necessary**

Name of Group:

Address of Group:

.....

Postcode:

Telephone Number:

Mailing Address if different from above:

.....

Postcode:

Contact Telephone Number:

Signature of Member:

Only two members per group.

Everyone must fill in a Membership Form each year.

Please Note: All information on this form is confidential and will only be used by Sunderland Residents Federation or by Sunderland Housing Group on behalf of the Federation. Your information will be stored securely in accordance with the Data Protection Act and not be passed on to any additional parties without your permission.

To be returned to: The Secretary, Sunderland Residents Federation, P.O. Box 1210, Mary Street, Sunderland.