

ORKNEY CITIZENS ADVICE BUREAU

MEMBERSHIP APPLICATION FORM

I wish to become a member of Orkney Citizens Advice Bureau.

Name

Address.....

Town.....

Postcode..... Telephone: Day

Evening

Mobile

Email.....

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

I understand that in the event of Orkney Citizens Advice Bureau being dissolved and leaving debt I may be liable to contribute an amount, not exceeding £1, towards the company's assets.

Please return your renewal form to:

Company Secretary, Orkney CAB, Anchor Buildings, 6 Bridge Street,
Kirkwall KW15 1HR

General Data Protection Regulation

Orkney CAB will use the information you provide for
administrative purposes only.