

Hill Rise Allotment Association Membership Form

Confirmation of Membership to be completed on joining

Hill Rise Allotment Association (HRAA)

Plot
number/s:

I (complete in BLOCK CAPITALS)
the undersigned agree to join HRAA as a Full Member in the following
category:

Plot holder..... or Cultivator or Associate
(please tick one option)

and agree to abide by the Constitution of HRAA, and to allow my details to
be held on an electronic data base for the purposes of sending out written
and/or electronic information relating to the official business of the
Association.

Contact details at time of joining:

Postal Address & Post Code	Tel (1)	Tel (2)
	Email Address	

If you do **NOT** want your contact details to be shared please tick the
relevant boxes below:

(NOTE: If you are a plot holder part of your fee goes towards membership
of the National Society of Allotment & Leisure Gardeners, who require us
to provide the name & address of each member we register with them)

Address Telephone Email Plot number

Share with... No one other than committee or... No one at all

Signed **Dated**
(Or confirmed by emailing this form to secretary or committee member)

Countersigned **Dated**
(Countersigned by a member of the HRAA Committee)

**Once this form is completed and signed, please submit to the
HRAA Treasurer with the appropriate fee. Email the Treasurer at
treasurer@hraa.org.uk for address to deliver to.
Details of membership and fees can be found at
the Association web site at www.hraa.org.uk**