

**MADCA MEMBER REGISTRATION FORM**

I, (Name)

request to become a **Registered Member of MADCA**

*This membership must be renewed each year at the AGM or at MOSHCC*

My details are:

* Address:

Town: Postcode:

* Postal address:

 Postcode:

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* Contact details: Home phone:

Mobile: Work:

Email address:

*If you do not live in the Postcode area 5256, you must own property in that Postcode area to be eligible to become a Registered Member. If this applies to you, please complete the following details:*

* *Property address:*

 *Postcode:*

Signed: Date: