



# Community Support Account for Charities, Groups and Organisations Joining Form

Please complete and return to:

**Membership Support Team, East of England Co-op, Wherstead Park, The Street, Wherstead, Ipswich, IP9 2BJ**

**Please use BLOCK CAPITALS** \*Denotes required fields

Name of group\*

Purpose of group

Full address of group\*

Postcode\*  Tel.

Email

Is your group a registered charity? yes  no  Registered number

To help you get the best from your Community Support Account Membership we'll provide 10 cards to enable your supporters to divert their points. Please specify if you'd like more \_\_\_\_\_ (Maximum of 50)

**Rewarding membership.** We'd love to send you money off coupons, exclusive member offers and updates from East of England Co-op. **But we can only do this if you tick 'yes' below.** We promise to treat your personal details with the utmost care, and will never sell, distribute or lease your data to other companies to use for their own marketing purposes.

Please tell us how you would like to hear from East of England Co-op (or not)  
By Post Yes  No  By Phone Yes  No   
By Email Yes  No  By Text Yes  No   
Please tick all that apply

You can easily withdraw your consent at any time. Please see our Privacy Notice at [www.eastofengland.coop/privacy](http://www.eastofengland.coop/privacy).

## Group contact details

**Please note all signatories must be a member of the society. Not a member yet?**

Visit [www.eastofengland.coop/membership/joinus](http://www.eastofengland.coop/membership/joinus) to join or pick up a joining form in store.

### Main contact\*

Title\* Mr  Mrs  Ms  Other (Please specify)

Forename\*  Surname\*

Address\*

Postcode\*  Home/Mobile Tel:

Email

Your position in the group (chairman, treasurer etc)

Membership number

I confirm the details I have given are correct, that I am over 16 years old and that I will abide by the society rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please provide at least one other official authorised signatory to carry out transactions.

**2nd contact\***

Title\* Mr  Mrs  Ms  Other (Please specify)

Forename\*  Surname\*

Address\*

Postcode\*  Home/Mobile Tel:

Email

Your position in the group (chairman, treasurer etc)

Membership number

I confirm the details I have given are correct, that I am over 16 years old and that I will abide by the society rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**3rd contact**

Title Mr  Mrs  Ms  Other (Please specify)

Forename  Surname

Address

Postcode  Home/Mobile Tel:

Email

Your position in the group (chairman, treasurer etc)

Membership number

I confirm the details I have given are correct, that I am over 16 years old and that I will abide by the society rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To avoid delay please make sure you have completed all the mandatory fields and obtained signatures where necessary as we are unable to process incomplete application forms.**

**Please note it is the responsibility of the group members to ensure all the details we hold are up-to-date.**