



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 <input type="checkbox"/> no <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>	By Phone	Yes <input type="checkbox"/>	No <input type="checkbox"/>
By Email	Yes <input type="checkbox"/>	No <input type="checkbox"/>	By Text	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please tick all that apply

You can easily withdraw your consent at any time. Please see our Privacy Notice at 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 to join or pick up a joining form in store.

Main contact*

Title*	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	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	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (Please specify)	<input type="text"/>
Forename*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Surname*	<input type="text"/>
Address*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home/Mobile Tel:	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your position in the group (chairman, treasurer etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
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3rd contact

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other (Please specify)	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Home/Mobile Tel:	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your position in the group (chairman, treasurer etc)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
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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.