

APPLICATION FOR MEMBERSHIP

I support the purposes of McSence Ltd and wish to apply for membership. I qualify for membership under one the following two categories - please tick one box only:

- ☐ 1). I am over the age of 16 and support the purposes of the Charity.
- ☐ 2). I represent and am authorised to act on behalf of an organisation which supports the purposes of the organisation. I will act as the organisations authorised representative and act as the Member for the organisation at all General Meetings.

Name:	
Address:	
Postcode:	
Telephone	
Email:	

I agree to be bound by the Articles of Association of McSence Ltd and understand that my application for membership is subject to approval in accordance with the Articles.

Signed:	
PRINT NAME:	
Date:	

Privacy Notice: We will use your personal information to administer your membership, communicate with you about relevant matters, and meet our legal obligations. Your information will be managed securely and in accordance with data protection law. For further information, please contact McSence Ltd