

# 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 .....  (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)