



# CROWTHORNE VILLAGE ACTION GROUP

CVAG protecting our village against urbanisation

CROWTHORNE VILLAGE ACTION GROUP

## MEMBERSHIP APPLICATION

**I wish to apply for membership of CVAG and my personal details are as follows:**

Name ..... Title: Mr Mrs Ms Other .....

Address .....  
.....

Postcode ..... Telephone .....

E-mail (please print clearly!).....

**If you do not wish your e-mail address to be used by CVAG or you do not have an e-mail facility, please arrange to speak to a CVAG Committee Member to arrange alternatives.**

I understand that this information has been collected for use by CVAG primarily for registration and direct communication purposes only. I understand that information collected may be kept on a computer. The information will be held for access only by elected CVAG Committee Members and used for no purpose other than those identified in support of the specific objectives of CVAG. The information will be deleted immediately on request.

I enclose      **£5\* for one year's membership**     

**£20\* for five years' membership**     

**Donation towards the association's running expenses**     

Signature .....      In capitals .....      Date .....

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**\* £5 is the Joining fee including Membership fee for the first year or part year [until the following AGM]. £20 is the Joining fee including Membership fee for the first year or part year plus a further 4 full years of annual Membership fees.**

**Membership provides: for direct distribution of the regular CVAG newsletters and other information; for communication direct to your elected Committee of your valued views on matters important to you and the village; for a vote on any proposals and the election of the Committee at the next CVAG AGM.**

**Please return completed form with the appropriate fee to the Membership Secretary:  
Suzanne Hines. 4, Ardwell Close, Crowthorne, RG45 6BA Tel 01344 774247.  
Email address: [suzanne@cvag.org.uk](mailto:suzanne@cvag.org.uk)**



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## OTHER HOUSEHOLD RESIDENTS

**I also wish to apply for membership of CVAG on behalf of other members of my household who are over the age of 18. I agree to give their details below on their behalf:**

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Name ..... Title: Mr Mrs Ms Other .....

Address ..... as overleaf ..... Telephone .....

E-mail (please print clearly!).....

This member wishes/does not wish to receive the newsletter at their personal email address

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Name ..... Title: Mr Mrs Ms Other .....

Address ..... as overleaf ..... Telephone .....

E-mail (please print clearly!).....

This member wishes/does not wish to receive the newsletter at their personal email address

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Name ..... Title: Mr Mrs Ms Other .....

Address ..... as overleaf ..... Telephone .....

E-mail (please print clearly!).....

This member wishes/does not wish to receive the newsletter at their personal email address