Dùthchas Arainn CBS - Membership Registration Form



| Personal Information: | | |
|--|---|--|
| Full Name: Date of Birth:/ (DD/MM/YYYY) | | |
| Date of Birth:/ (DD/MM, | /YYYY) | |
| Address: | | |
| Island/City:Po | Address: Island/City: Postcode: | |
| Email: | Phone: | |
| Membership Type: | Please select the option(s) that best | |
| Please select the membership type: | describe your connection to Arran: | |
| ☐ Individual Member | ☐ Permanent Resident | |
| ☐ Family/Household Member | ☐ Temporary Resident | |
| ☐ Corporate/Organisation Member | □ Visitor | |
| <u> </u> | ☐ Past Resident | |
| Community Involvement: | ☐ Grew up on Arran | |
| How did you hear about us? | ☐ Family is from Arran | |
| | _ | |
| Are you interested in actively participating in Yes, I would like to get involved. No, I prefer to support from a distance | • | |
| Board Membership Interest: Would you be interested in serving as a board Yes, I am interested in serving on the B No, I am not interested at this time. | | |
| Declaration: | | |
| | ve read and understood the objectives of Dùthchas ig a member and agree to abide by the rules and | |
| Signature:D | Date:/ (DD/MM/YY) | |
| Emergency Contact Information: | | |
| In case of emergency, please provide the nar | me and contact details of a person we can reach: | |
| Name: Relat | tionship: | |
| Phone: Ema | | |

Please return completed membership forms to info@duthchas.scot, or mail to Back House, Crawford Cottage, Cordon, Lamlash, KA27 8NQ