



Dùthchas Arainn CBS - Membership Registration Form

Personal Information:

Full Name: _____

Date of Birth: __/__/__ (DD/MM/YYYY)

Address: _____

City: _____ Postcode: _____

Email: _____ Phone: _____

Membership Type:

Please select the membership type:

- ☐ Individual Member
- ☐ Family/Household Member
- ☐ Corporate/Organisation Member

Please select the option(s) that best describe your connection to Arran:

- ☐ Permanent Resident
- ☐ Temporary Resident
- ☐ Visitor
- ☐ Past Resident
- ☐ Grew up on Arran
- ☐ Family is from Arran

Community Involvement:

How did you hear about us?

Are you interested in actively participating in community events or initiatives?

- ☐ 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 member of Dùthchas Arainn CBS?

- ☐ Yes, I am interested in serving on the board.
- ☐ No, I am not interested at this time.

Declaration:

By registering my interest, I confirm that I have read and understood the objectives of Dùthchas Arainn CBS. I express my interest in becoming a member and agree to abide by the rules and regulations of the society.

Signature: _____ Date: __/__/__ (DD/MM/YY)

Emergency Contact Information:

In case of emergency, please provide the name and contact details of a person we can reach:

Name: _____ Relationship: _____

Phone: _____ Email: _____