Please enter your name & address here

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2018

Mrs K Over

Brightnight Ltd.

5 Waite Close

Lewes

BN7 2QW

Dear Kate

**Application for Membership of Brightnight Ltd.**

I, the undersigned of the above address, wish to apply to become a member of the above company and agree to be bound by the provisions of the company’s articles of association, its rules and by-laws.

In particular, I agree to guarantee the debts of the company up to a maximum amount of £1.00 if the company is wound up while I am a member and for a period of up to 12 months after my membership ends.

I hereby also authorise you to enter my name in the company’s register of members.

I have entered my preference for communications below and my current email address if I have chosen ‘email’.

Your details may be shared with officers and committee members of Brightnight Ltd and Cliffe Bonfire Ltd for the purposes of communication and will not be shared with any other organisations without your consent. As we need your consent to do this and store your contact details this, please check one of the box below.

Yes 🞎

Yours sincerely

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred communication method: Email 🞎 Post 🞎

Current email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***APPROVED on behalf of the directors of Brightnight BY:***  Signature:  Name:  Date: |