

NORTH & SOUTH ARDEN
TENANT MANAGEMENT ORGANISATION

MEMBERSHIP APPLICATION FORM

NAME:

ADDRESS:

.....

Post Code: Telephone number:

Email:

Status (Tenant/Leaseholder/Resident):

Please tick if over 18 years of age:

I have read the TMO's Constitution and agree to abide by the rules. I wish to be a member and hereby pay **10p** for my membership.

Signature: Date:

FOR OFFICE USE ONLY

Approved by:

Certificate Number:

Registration number of shareholder:

Date: