

HEALTHY VALLEYS MEMBERSHIP REGISTRATION FORM

Full Name (inc all middle names)	
Organisation Name (if any)	
Address (inc post code)	
Telephone Number	
E-Mail address	
Date of becoming a member	
Category of Membership (I for Individual) i.e. you are not representing any local group or organisation but are joining as a member in your own right or (O for Organisational) i.e., you are the named representative of a local group or organisation, therefore your group or organisation is the member and you are the person representing their views	

FOR OFFICIAL USE ONLY	
MEMBERSHIP NUMBER	
MEMBERSHIP CESSATION	
MISC NOTES	