

**GLOUCESTER RESIDENTS IN PARTNERSHIP
INCORPORATED**

APPLICATION FOR MEMBERSHIP

I of

(Full Name)

(Address)

Hereby apply to become a member of the above named incorporated association. In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

.....
(Signature of Applicant) (Date) (Full Name)

I, a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

.....
(Signature of Proposer) (Date)

If you have an e-mail address where we can contact you please supply below.

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If you would like to be actively involved in the activities of GRIP please supply a telephone number

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**RETURN THE COMPLETED FORM TO
MEMBER LIAISON, 736 WAUKIVORY ROAD, GLOUCESTER 2422**