

AUCHENBLAE COMMUNITY FUND PANEL MEMBERSHIP APPLICATION FORM

Name

Position in organisation

Address

Tel(Day)

Tel(evening)

Email

Group/s represented if applicable

Please give a brief indication as to why you wish to join the panel:

I understand that my contact details will be stored electronically by ADCA. They will not be shared with any third party and will only be used for the purpose of fund administration.

I am over 16 years of age and am resident in the Auchenblae Electoral Ward.

I understand that all information I receive pertaining to applications is confidential and I agree that I will not share or discuss applications with any other person. I accept that I will be permanently disqualified from the panel if I breach this agreement.

Print Name

Signed

Dated

Please send this form to AuchenblaeCF@gmail.com

or post to ACF Panel, Auchenblae Hall, Monboddo St, Auchenblae. AB30 1XQ