

FULL NAME

ADDRESS

EMAIL

PHONE NUMBER

Please tick which category of membership you are applying for:

Member (16+ Resident of Glencairn)	Associate Member (16+ Relevant Interest)	Junior Member (12-15yrs, Resident of Glencairn)
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Please tell us any skills, interests or experience you have that are relevant to Glencairn Land and Woods Trust:

Signature:

Print Name:

Date: