



MEMBERSHIP APPLICATION FORM

MEMBERSHIP TYPE

- Individual Membership
 Organisational Membership

YOUR DETAILS:

Title: _____ Surname: _____ Given Name: _____

Organisation: _____

Occupation/Position Title: _____

Address: _____

Mailing Address: _____

Home Phone: _____ Mobile: _____

Email: _____

ORGANISATIONAL DETAILS (if applying for organisational membership):

Organisation: _____

Services Provided: _____

Address: _____

Mailing Address: _____

Business Phone: _____ Mobile: _____

Fax: _____ Email: _____

Webpage: _____

Membership for the Connected Communities Project does not currently have a fee attached.