Membership Application Form

Fourah Bay Foulah Town Collective — Revitalise

info@fbftcollective.com · 07494 888641 · fbftcollective.com/apply

1 About you

First name *

Surname *

Date of birth *

Email address *

Mobile / WhatsApp *

Country of residence *

Town / city of residence *

2 Your connection to Fourah Bay / Foulah Town

How are you connected? (tick one) *

- ☐ By family / descent
- ☐ By marriage
- ☐ By adoption
- ☐ Organisation / community association
- ☐ Other (please describe)

If other, please describe

Family / clan name(s) connected to FBFT

Parent / grandparent / family connection

Area / street / community associated with your family

3 Membership

What are you applying for? (tick one) *

- ☐ Individual membership
- ☐ Organisational membership
- ☐ Honorary / associate consideration

Are you based outside Greater London? *

- ☐ Yes
- ☐ No

4 Participation

How would you like to contribute? (tick all that apply) *

- ☐ Events & community gatherings
- ☐ Culture & heritage
- ☐ Children & young people
- ☐ Education / community development
- ☐ Fundraising
- ☐ Communications / social media

Return your completed form to info@fbftcollective.com or hand it to a committee member. Your data is held securely and used only for membership administration.

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- [ ] Administration / organisation
- [ ] Other skills / support

Skills / professional experience you could contribute

5 Family & household (optional)

Partner / spouse name

Is your partner connected to FBFT? (Yes / No)

Do you have dependent children? (Yes / No)

Number of dependent children

Children's names

Children's age ranges

- [ ] 0-4
- [ ] 5-10
- [ ] 11-15
- [ ] 16-17
- [ ] 18+

6 Membership responsibilities

- [ ] I understand members are expected to participate actively in the Collective's work. *
- [ ] I understand active membership depends partly on subscriptions and dues being paid. *
- [ ] I confirm I have read and understand the Collective's constitution and framework. *

7 Declaration & consent

- [ ] I declare the information given is accurate to the best of my knowledge. *
- [ ] I consent to my personal data being processed for membership administration. *
- [ ] Please add me to the FBFTC WhatsApp community.
- [ ] Please send me email news and updates.

Applicant's full name (signature) *

Date *