



Application for Membership

Royal House, 4th Floor, 2-4 Vine Street, Uxbridge, UB8 1QE

Tel: 01895 274800

- **Membership Category** (Please circle): Full/Associate

To become a full member of LHC, organisations must be an Associate Member for at least three years. Please refer to the "LHC Constitution" for further information.

- **Organisation Name:**.....

- **Organisation Address:**.....
.....
.....
.....

- **Telephone No:**.....

- **E-mail:**.....

- **Contact Name:**.....

- **Contact Position:**.....

- **Comments:**.....
.....

I wish to apply for Full/Associate (delete as appropriate) LHC Membership.

Signed:..... **Date:**.....

Print Name:..... **Position:**.....

This document should be signed for by the Clerk in the case of Local Authorities and by Chief Executives for Housing Associations.

Please complete your bank details on the next page



Please provide your bank account details for the purpose of any rebates that may be due to your organisation in the future.

- **Account Name:**.....
- **Bank:**.....
- **Bank Address (in full):**.....
.....
.....
- **Sort Code:**.....
- **Account Number:**.....