

Membership Application Form for Individuals

Membership of the Labour Housing Group is open to individual members of the Labour Party

Please fill in the	details below, p	rinting clearly a	ınd putting a tic	k in the bo	xes wher	e relevant	
want to join the Labour Ho	ousing Group and	pay the followi	ng individual m	embership	subscript	ion	
£25 per year OR	£5 per year (unw	vaged)	l am	already a	member c	of the Labour Party	
Title First Name			Last N	lame			
Address							
Town/City/County			Pos	stcode			
Home Phone			Mobile	Phone			
Email							
My Constituency Labour Pa	rtv (CLP)		My Local Autho	rity			
Try constituency Easour Fa	104 (021)		Tity Editar Nation				
Do you consider yourself to	be black, Asian c	or minority ethni	ic (BAME)? Yes	N	О	Prefer not to say	
What is your ethnic group?			L				
Do you consider yourself to	have a disability	? Yes	No		Р	refer not to say	
low do you define your ge	nder? Female	Male	Trans	Non-bir	ary	Prefer not to say	
Please let us know if you ar	 e specifically into	rested in housin	og issues for any	of the foll			
Rural areas		tal areas	Small			ational Park areas	
am paying by Cheque (pay	able to 'Labour F	lousing Group')		OR	Standing (Order(below)	
Please tick this box to recei	ve Labour Housin	g Group emails					
By signing this form, you co	nsent for us to ho	ld the personal in	formation vou h	ave provide	ed. and the	at it will only be acce	ssed
by persons authorised by th							
Any bank account details w	ill only be shared t	with your bank in	order to facilita	te payment	s to LHG t	hat you authorise.	
Please date the start date	of the standing o	rder one month	from the date t	hat you se	nd the for	m to us.	
This allows us time to forv	ard the form to y	our bank or bui	lding society to	process.			
o the Manager of:					_		
Name of Bank/ Building Society				So	rt Code		
ddress of Bank/				Do	stcode		
uilding Society				PO	stcode		
Name(s) of					count [
account Holder(s)				Nu	mber L		
Please pay to the account of	of Labour Housin	g Group, accour	nt number 5047	8080, sort	code 08-	90-06, Co-operative	Bank
P.O. Box 1AN, Blandford St					ng with th	ne payment of (date	e)
/ and cor	itinuing on the sa	ame day each ye	ear until furthe				
Please quote the reference	"LHG - (LH	G Admin will su	oply)			this form with a ch d standing order fo	-
igned		Date/	'	LH	G Membe	ership,	
Please print name here					21 Tyne wcastle N	dale Terrace, Bento	n,