



TMO Membership Application Form

Name: _____

Address: _____

Post code: _____

Phone number: _____

Status (delete as appropriate): Tenant / Leaseholder / Resident

Date of birth: _____

I wish to be a member and hereby pay 10p for my membership.

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Approved by: _____

Registration number of Shareholder: _____

Date: _____