WHITEHAWK COMMUNITY FOOD PROJECT

MEMBERSHIP APPLICATION

NAME ………………………………………………………………………………………….

EMAIL ………………………………………………………………………………………….

PHONE NUMBER……………………………………... POSTCODE…………………

Please tick whichever apply:

|  |
| --- |
|  ☐ I have read and agree to follow the Site Rules |
|  ☐ I agree to follow the WCFP Constitution, Code of Conduct, Health and Safety Policy, GDPR Policy and Covid-19 Policy |
|  ☐ I know how to access the full WCFP policies on the site and on Google Drive |
|  ☐ I agree to allow photos of me to be used for the sole benefit of the WCFP |
|  ☐ I agree to allow videos of me to be used for the sole benefit of the WCFP |
| My preferred method(s) of contact: ☐ email ☐ WhatsApp ☐ text message ☐ phone |

SIGNATURE DATE

……………………………………………. …………………………………………