

# Gold Service Application Form

**All information given to the Association will be treated in the strictest confidence**

**Personal Details** (please fill in both names if you are joint tenants)

Mr/Mrs/Ms:  Mr/Mrs/Ms:

Date of Birth:  Date of Birth:

Address:

Telephone:  Mobile:

Email:

**Are you a Tenant, Sharing Owner or Owner? (please tick box)**

Tenant      
 Sharing Owner      
 Owner

For marketing purposes, please list everyone who lives with you at this address		
Name	Relationship	Date of Birth

**I apply to become a Member of Gold Service.  
I confirm that I have read and understood the Membership Criteria.**

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

**Please complete and return using the enclosed FREEPOST envelope  
or hand the application form to any of our offices**