

Membership application 2019

**Newmarket Gateway Trust Riverside Gardens**

 **Name:**

**Address:­­**

**Post Code:**

**Telephone:**

**Email:**

**Date of Birth:**

**Become involved in the Newmarket Gateway Trust activities, including input at board level.**

**I agree to become a member of Newmarket Gateway Trust. I Confirm that I am in agreement with the company’s aims and objectives.**

**I understand that membership of Newmarket Gateway Trust is provisional until this application is approved by the Board of Directors.**

**Signature: ­­ Date:**