



Individual Membership Form

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|---|--|
| Name: | |
| Address: | |
| Post Code: | |
| Tel: | |
| Email: | |
| Please give a short note of your interest in Edinburgh Community Food below: | |
| | |

I enclose the sum of £1.00 for 2010/2011 membership.

Signature: _____

Date: _____

Name in Block Capitals: _____

Please make cheques payable to ECFI Ltd