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Organisation Information	
Name of Organisation:	
Address of Organisation:	
Post Code:	Tel No (if applicable):
Email of Organisation:	
Main Contact Information	
Name of Main Contact:	
Address of Main Contact:	
Post Code:	Tel No:
Email of Main Contact:	
Date of Application:	
Check the category box your group is applying on behalf of:	
Local Amateur / Dramatic Group Local Dance Group Charity	
Senior Citizens Group	School / Nursery
Return form to: leisureservicesadmin@west-dunbarton.gov.uk	
For office use:	
Subscription Added Criteria Validated	
Signed :	Date :