



**THE ADVOCACY PROJECT (SCOTLAND) LIMITED**

**MEMBERSHIP FORM**

**Name:**

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**Organisation (if any):**

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**Address:**

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**Tel No:**

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**I would like to be a member of The Advocacy Project (Scotland) Limited  (Please tick)**

**OR**

**Our organisation, named above, would like to be a member of The Advocacy Project (Scotland) Limited  (Please tick)**

**Signature**

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**Date**

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Please return this form to:

The Advocacy Project, Cumbrae House, 15 Carlton Court, Glasgow G5 9JP