



UNDER 16 Application Form

www.ccfctrust.org

Post Completed Forms to:

CCST, PO Box 4254, CARDIFF, CF14 8FD

UNDER 16s LIVING AT THE SAME ADDRESS AS AN ADULT MEMBER MAY JOIN THE TRUST FOR FREE

DETAILS OF ADULT TRUST MEMBER

First Name(s): Surname:

Address:

.....

..... Postcode:

Adult Member number (if known):

DETAILS OF UNDER 16 MEMBER(S)

First Name(s): Surname:

Date of Birth (must be completed):

First Name(s): Surname:

Date of Birth (must be completed):

First Name(s): Surname:

Date of Birth (must be completed):

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