Fleetwood NCI



Expression of Interest

	Applicant
Full Nome:	
Full Name:	
Address:	
Phone:	Mobile:
E-mail	
	Application and Signature
	quire about becoming a watchkeeper at Fleetwood NCI. I confirm that I am in reasonable health and actory eyesight and hearing.
When visitii watchkeepe	ng the lookout station at Fleetwood I agree to follow any proper instructions given to me by ers on duty.
Membershi do not wish manageme be shared b	d that the personal information provided on this form will be retained by the Station Manager and p Secretary until such time as I proceed with a full application for membership, or until I confirm that I to proceed further. I understand that my contact details may be shared with other members of the nt team at Fleetwood, to be used solely in connection with my enquiry. My personal information will not by Fleetwood or NCI unless I give my specific consent, or unless they are required to do so by law – for a court order or for the purposes of prevention of fraud or other crime.
Please te	Il us how you found out about NCI – Website/Facebook/Twitter/ Word of mouth etc
Signature:	Date:
Please send	I the completed form to:-
5 6 11	

Roger Oakley, Membership Secretary, 4 Navena Avenue, FLEETWOOD. FY7 8HD