



# Viewpoint Community Media

## Membership Form

<b>Name of Organisation:</b>
<b>Email Address of Organisation:</b>
<b>Address of Organisation:</b>
<b>Name of Contact at Organisation:</b>
<b>Email Address of Contact at Organisation:</b>
<b>Contact Telephone Number:</b>
<b>Signed By:</b>

Please return this form to:

Administration  
Viewpoint Community Media  
2<sup>nd</sup> Floor  
1 Milton Road  
Swindon  
SN1 5JE

