



**FEDERATION OF ENFIELD RESIDENTS'
AND ALLIED ASSOCIATIONS**
(FERAA)

Secretary
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**APPLICATION
for Affiliation**

Full Name of Association: _____

Number of member households: _____

Officers:

Name: _____ Name: _____

Position: _____ Position: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

e-mail: _____ e-mail: _____

Name: _____ Name: _____

Position: _____ Position: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

e-mail: _____ e-mail: _____

Key contact

As one of the above officers, I consent to my details being given out to third parties such as potential members or official organisations.

Signed: _____

Position: _____

Application

On behalf of the committee of the above Association, I apply for our Association to become affiliated to FERAA and agree to be bound by its Constitution.

I enclose a cheque made payable to FERAA for £ _____

Signed: _____

Position: _____