



From the past, looking to the future

Membership Application Form Dovecotes TMO Ltd

THIS FORM IS TO BE FILLED IN BY A RESIDENT WHO WISHES
TO BECOME A MEMBER OF DOVECOTES TMO LIMITED

FULL NAME _____

ADDRESS _____

POST CODE _____

TELEPHONE _____ EMAIL _____

I WISH TO BECOME A MEMBER OF DOVECOTES TMO LIMITED. I AM OVER THE AGE OF 18 AND A
LAWFUL RESIDENT IN A DWELLING WITHIN THE AREA OF DOVECOTES TMO LIMITED

Please tick one of the following:

I live in a property currently owned by the council

I am an owner occupier in a former council property

AS A MEMBER I UNDERSTAND THAT THE LIMIT OF MY LIABILITY IS £1, COLLECTABLE ONLY IF THE
COMPANY WERE TO CLOSE.

I UNDERSTAND THAT MEMBERSHIP IS NOT TRANSFERABLE AND ONLY APPLIES WHILE I AM A RESIDENT OF
THE DOVECOTES AREA.

I UNDERSTAND THAT I CAN STAND FOR ELECTION TO THE DOVECOTES TENANT MANAGEMENT
ORGANISATION (DTMO), MANAGEMENT COMMITTEE, AND NOMINATE OTHERS WHO WISH TO STAND.

I UNDERSTAND THAT AS A MEMBER OF THE COMPANY I CAN VOTE IN THE ELECTIONS OF DOVECOTES TMO
LIMITED AND AT GENERAL MEETINGS.

(IF YOU ARE NOT A MEMBER YOU ARE NOT ALLOWED TO VOTE OR BECOME A CANDIDATE)

I UNDERSTAND THAT A FULL COPY OF THE RULES OF DOVECOTES TMO LIMITED WILL BE AVAILABLE TO
ME ON REQUEST; A COPY IS AVAILABLE ON REQUEST FROM THE TMO OFFICE.

**I AM INTERESTED IN BEING A MEMBER OF THE MANAGEMENT COMMITTEE OF THE TMO AND WOULD
LIKE FURTHER INFORMATION**

TICK THE BOX IF YES

SIGNED _____ DATE _____

For official use only

MEMBERSHIP No