



"PROCLAIMING CHRIST'S LORDSHIP"

Scottish Christian Party Membership Application Form

Personal and Contact Details

Title: Mr./Mrs./Miss/Dr./Prof./Rev. _____

First Name(s): _____

Surname: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

Date of birth (DD/MM/YYYY): _____

Membership Details

Are you registered to vote? (Yes/No)

Scottish Constituency (if known): _____

I wish to join the Scottish Christian Party as a regional member. I enclose a cheque (made payable to Scottish Christian Party) for the sum of:

£5* £10 £15 £20 £25 £50 £100 £200 Other (please state)

* Only available as an option for the unwaged.

Are you interested in standing as a candidate for Holyrood or a local council? YES / NO

Are you interested in starting an active local group in your area? YES / NO

I agree with all that is contained in the Scottish Christian Party Statement of Faith. All information given on this form is correct. I understand that membership of the Scottish Christian Party is at the discretion of the Party, and that membership can be suspended at any time.

Signed: _____

Date: _____