



## 2026 Membership Application

Please post completed form into the Colintrave Village Hall mail box or hand to a CGDT Director.  
Alternatively you can register on the day.

**Date:**

<b>First Name:</b>	<b>Last Name:</b>
<b>Address:</b>	<b>Post Code:</b>
<b>Phone Number:</b>	<b>Email:</b>
<b>Membership type :</b> Full, Associate (not primary resident), Junior (age 12-15):	

- Method of Registration:      **On Day**      **Post Box Drop**      **To Director**  
(please circle)

Date registration received:

CGDT Director in receipt:

**Notes:**