

**COATBRIDGE CITIZENS ADVICE BUREAU  
MEMBERSHIP FORM**



Membership of the Company is open to any individual (if aged 18 or over) who lives or works in the Operating Area.

I wish to become a member/re-register membership as: (Tick appropriate box).

- A)  An individual who lives in the Operating Area
- B)  An individual who works in the Operating Area

Please indicate what proof you could provide as qualification for membership of Coatbridge CAB (e.g. letter, bill etc.).....

Name .....

Contact Address .....

Organisation or Body (if applicable) .....

Tel No ..... Fax No .....

Email address .....

Signature ..... Date .....

**Unit 10 Fountain Business Centre  
Ellis Street Coatbridge ML5 3AA  
Tel: 01236 421447  
Scottish Charity No SCO 17271**