EBS Community Fund
Application Form

Member contact name

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Member address

Are you a member of EBS?

☐ Yes ☐ No

Member contact number

Local EBS Office

The organisation you are nominating

Contact name in organisation/charity (if available)

What does your chosen cause do?

Contact number of organisation/charity (if available)

What impact does it have in your local community?

What does this cause mean to you?

I confirm that the information provided is correct

Signature

Date