



MEMBERSHIP FORM.

Organisation/Group: _____

Contact Person: _____

Position in Organisation: _____

Address: _____

Tel: _____ **Fax:** _____

E-Mail: _____ **Mobile:** _____

State the aims and objectives of your organisation:

Describe the geographical area that your organisation serves:

TADA Rural Support Network Vision Statement:

To create a rural community which is confident, vibrant and dynamic, a community which is recognized on equal terms with its urban neighbours and one where social and economic wellbeing together with equality of opportunity for all are established on the twin pillars of a structured stable and settled rural way of life for all citizens.

TADA Rural Support Network Mission Statement:

To help sustain vibrant local communities in rural areas through the development and support of all rural community groups and individuals by providing information, advocacy, capacity building and partnership working with all other relevant bodies.

Strap Line

Rural People, Rural Voice, Rural Pride

We formally declare our support for TADA Rural Support Network Vision and Mission Statements

Signed: _____

Position: _____

Date: _____

If you allow the above details to be shared with other member groups, agencies and funders, please tick this box.