



# Application For An Allotment

Please complete all sections.

Full Name:	<input type="text"/>
Address:	<input type="text"/>
Town:	<input type="text"/>
Postcode:	<input type="text"/>
Tel. No.:	<input type="text"/>
Email Address:	<input type="text"/>

Please indicate the size of plot you require:

Small       Medium       Large       Raised Bed

Will you be the sole user of the plot?.    Yes       No

If **No** please give details of other plot users and their relationship to you.

Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Full Name:	<input type="text"/>	Relationship:	<input type="text"/>

In case of emergency please provide details of someone can contact on your behalf:

Name:       Contact Number:

In compliance with Rule 7 (Clause 1) of the National Allotment Society (NSALG),

I agree to Eglinton Growers Association (EG) providing my name and address for the purposes of audit by the Financial Services Authority, together with my name, town and postcode for publication of their waiting lists, as may viewed by any member of Eglinton Growers Association and any third party interested in ensuring the transparency of the issuance of allotment licences as prescribed within the Ground Lease between Eglinton Growers and North Ayrshire Council (NAC)

Signature:       Date: