

Galloway Mountain Rescue Team - Support Membership Form

Name :

Address :

Telephone Home

Work

Mobile

E-Mail Address :

Skills & Experience :

Please summarise below any Skills / Abilities / Experience which you can bring to the team

Areas of Interest

Please tick one, or all

Fundraising

**Vehicle
Maintenance / Cleaning**

Casualty acting

**Equipment /
Maintenance / drying**

**Supporters
Committee**

Please sign _____ **Date** _____

Please return this form to

David McNicol
Garthavon
Memory Lane
Gatehouse of Fleet
Castle Douglas

DG7 2JF

07789 902430

After you return this form we will contact you in the near future to arrange an informal meeting so we can tell you about the team and what we hope to achieve with your help.

David McNicol