

Consumer Network Group Application Form

The Scottish Consumer Council would like to emphasise that the following information is requested to obtain a representative cross-section of the community in Scotland. All details are strictly confidential.

Name of group	
Name of contact	Mr/Mrs/Ms/Miss (please delete as appropriate)
Position within group (e.g. secretary)	
Address	
Postcode	
Telephone	
Email	
Local authority (e.g. Highland/Midlothian)	
How did you hear about us?	

Continued overleaf...

How many members do you have?

What are the aims of your group?

Why do you want to join the Consumer Network?

Please indicate any particular areas of interest:

- | | |
|--|---|
| <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Legal issues |
| <input type="checkbox"/> Consumer law | <input type="checkbox"/> Leisure and tourism |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Local government |
| <input type="checkbox"/> Education | <input type="checkbox"/> Rural affairs |
| <input type="checkbox"/> Energy (gas, electricity) | <input type="checkbox"/> Scottish Parliament |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Social care |
| <input type="checkbox"/> Financial services | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Food and diet | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Health | <input type="checkbox"/> Water |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other (please specify) |

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Would you like to receive most correspondence from the Scottish Consumer Council in printed format through the post, or by email?

Printed (through the post)

Email

Please return to Consumer Network Co-ordinator, Scottish Consumer Council,
FREEPOST GW 5277, GLASGOW, G1 3BR