



## MEMBER SUGGESTION FORM

Your personal information will only be used to contact you for further information regarding your suggestion. It is not required, and you may choose to remain anonymous.

NAME(S):

EMAIL:

DATE:

**1. What is the current situation?** (What is wrong? Describe in detail the present practice, condition, method, etc., that you believe should be changed. Attach documentation of the problem if possible.)

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**2. What is your suggestion?** (Specifically describe your proposed improvement. How can it be made? What steps need to be taken?)

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**3. What resources are needed?** (Describe what resources would need to provide to support your suggestion. Include any specific estimates you may have of time, cost, labor, materials, equipment or other resources needed.)

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**4. What are the expected results?** (Check all boxes that apply, and then describe the advantages and benefits that would result from adopting your suggestion. Include any specific estimates you may have, such as expected savings.)

**I believe my suggestion will:**

- Increase Membership       Increase Revenue       Save Money

Other: .....

**Explain the advantages and benefits:** .....

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**Number of pages attached:** .....

**Member Signature:** .....

**Date:** .....



**T:** 01256 225585  
**E:** owls.committee@gmail.com  
Upton Crescent, Norden, Basingstoke, Hampshire, RG21 5SN

[www.oakridgewestcommunityassociation.co.uk](http://www.oakridgewestcommunityassociation.co.uk)



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