

Membership Application Form

Important - Please read Membership Applications Guidelines

1. Organisation Name

(a) Formal name as appears on Governing Document

(b) Other name(s) your organisation is known by e.g. abbreviations

2. Main Contact

(a) Name of representative/contact

(b) Position in organisation

3. Address Details

Full address for correspondence

Address:

Postcode:

Telephone:

Fax:

Email:

Website:

4. Organisation Description

Brief description of your group or organisations aims (upto 100 words) and number of members.

Description:

5. Organisation Status

(a) Which of the following best describes the status of your organisation?

(Please **tick one only**)

- Organisation with a constitution/set of written rules
- Organisation without a constitution/set of written rules
- Charitable Trust
- Community Interest Company*
- Charitable Incorporated Organisation*
- Limited Company*
- Registered Social Landlord/Housing Association*
- Industrial and Provident Society*

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*Company Number/Registration Number

(b) Are you a Registered Charity?

- Yes* No

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*Charity Number

(c) I enclose a copy of our Governing Document e.g. Constitution, Trust Deed, Memorandum and Articles of Association

Yes

No

If 'No' please explain the structure of your group and how decisions are made. (continue on a separate sheet if necessary)

Structure:

Declaration

As Hull CVS is a Private Company Limited by Guarantee, we have to ask all members to complete the guarantee below:

We agree as a Member of Hull CVS to undertake to contribute to the assets of the Company, in the event of Hull CVS being wound up while we are members, or within one year after we cease to be a members, for payment of the debts and liabilities of the Company contracted before we cease to be members, and of the costs, charges and expenses of winding up, and for the adjustments of the rights of the contributories among themselves, such amount as may be required will not exceed £1 (one pound).

Signature: _____

Print Name: _____

Position: _____
(in organisation)

Date: _____

I confirm that my organisation has read and accepts the Hull CVS criteria for membership (described in the Membership Application Guidelines) and wishes to become a member.

Data Protection

The information in this form will be used to maintain the Hull CVS membership database and to send you information relating to membership of Hull CVS. Hull CVS complies fully with the Data Protection Act and is registered as a Data Controller under the Act.

Completed Application

Please return your completed Membership Application Form (together with any accompanying governing documents) to the Operations Manager, Hull CVS.

Alternatively, applications can be submitted electronically **however**, you will also need to email any supporting documentation to enquiries@hull-cvs.co.uk.

For Office Use Only	
Date Application Received/Acknowledgement Sent	
Date of Executive Committee Meeting	
Executive Committee Decision	

Contact us:

tel: 01482 324474
fax: 01482 580565
email: enquiries@hull-cvs.co.uk
office: The Strand, 75 Beverley Road, Hull, HU3 1XL
website: www.hullcvs.org.uk

November 2017



Registered with
**FUNDRAISING
REGULATOR**

