



Bournemouth Council for Voluntary Service

Registered Office, Boscombe Link, 3-5 Palmerston Road, Bournemouth, BH1 4HN

BCVS Membership Application Form April 2011 - April 2012

Please print clearly in **black ink** and delete where applicable

| | | | | | | |
|---|--------------|------------------|--------------------|----------------------------|---------------------|---------------|
| 1. Name of Organisation: | | | | | | |
| 2. Organisation representative: (This will be the person entitled to vote at General Meetings, appoint a proxy in their place or nominate people for election to the board). | | | | | 3. Tel: | |
| | | | | | 4. Fax: | |
| 5. Address: Postcode: | | | | | | |
| 6. Email address: | | | | 7. Website address: | | |
| 8. Name & address of contact to whom information should be sent if different from above: | | | | | | |
| 9. Brief description of your organisation's aims and objectives: | | | | | | |
| Annual Income of group* | Under £1,000 | £1,001 - £25,000 | £25,001 - £100,000 | £100,001 - £250,000 | £250,001 - £500,000 | Over £500,001 |
| Cost of Membership | Free | £10 | £20 | £30 | £60 | £90 |
| <p>10. I enclose a remittance of £ Cheque/Postal order/Cash <i>made payable to Bournemouth CVS</i>. Please add £5 for each additional copy of News Update and include mailing details overleaf. Please tick if you would prefer us to invoice you <input type="checkbox"/></p> | | | | | | |
| <p>11. I agree to the above information being held on a computer and used for information purposes in accordance with the details registered under the Data Protection Act. I have read and understand the information provided describing my limited liability as a member of Bournemouth CVS and I agree to being liable for up to £10 should the organisation become insolvent. I agree to abide by the members' code of conduct.</p> | | | | | | |
| 12. Signed (N.B. This must be the representative at box 2 above): | | | | 13. Date: | | |

* National organisations should use the income relating to the work done in Bournemouth in calculating the membership fee. Please telephone us if you have any questions.

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|-----------------------------|------------------------|----------------|
| BCVS office use only | Date: | Cheque Name: |
| Cheque No: | Society Cheque: Yes/No | Membership No: |
| Cheque Amount: £ | Staff Signature: | |

Supporting Voluntary and Community Action in Bournemouth
Community Development : Resources : Information : Training :
Volunteering : Bournemouth Community Transport
www.bournemouthcvs.org.uk



Additional mailing contacts:

***Please add £5 for each additional mailing contact**

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| 1. Name: | |
| 2. Position in Organisation: | |
| 3. Organisation Name (if different): | |
| 4. Postal Address: | 5. Email: |

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