



Bournemouth Council for Voluntary Service

Boscombe Link, 3-5 Palmerston Road, Bournemouth, BH1 4HN
 Tel & Fax: (01202) 466130 Email: contactus@bournemouthcvs.org.uk

BCVS Membership Application Form April 2009 - April 2010

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	£1,000 - £25,000	£25,001 - £100,000	£100,001 - £250,000	£250,001 - £500,000	Over £500,000
Cost of Membership	Free	£10	£20	£30	£60	£90
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"/>						
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.						
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.

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

