

VOLUNTARY ACTION LUTON
15 New Bedford Road Luton LU1 1SA

APPLICATION FOR MEMBERSHIP 2010/11

Please complete all the details as fully as possible. If in doubt as to what is needed, please telephone the office and ask for Sue Lovegrove on 01582 733418. Please submit this with your membership fee of £21 to the address above.

Name & Address of Organisation:

Organiser's/Co-ordinator's Name: Tel No:.....

Chairman's Name: Tel No:.....

Who should receive the correspondence from Voluntary Action Luton:

Indicate the type of governing document: Constitution Memorandum & Articles of Association
Please provide a copy. Trust Deed

Does your organisation have charitable status Yes No

Charity Registration No:.....Company Registration No:.....

Describe what your group / organisation aims to do:- (maximum of 30 words)
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.....
.....

How many people does the group help (directly or indirectly)?

How many members does the group have?

When and how often do you meet as a group? (Days / time / frequency,) excluding committee meetings)
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Where do you meet as a group? (The address)
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Does you organisation have an Equal Opportunities Statement / Policy? Yes No
If so, please provide a copy.

Does your organisation have a Safeguarding Children Policy? Yes No

Is there any charge made to join or attend your organisation? Yes / No If Yes state cost.
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