

## Membership Application Form

<b>NAME OF GROUP / ORGANISATION:</b> <input style="width: 90%;" type="text"/>	
<b>1st Contact Name:</b> <input style="width: 80%;" type="text"/>	<b>2<sup>nd</sup> Contact Name:</b> <input style="width: 80%;" type="text"/>
<b>Position:</b> <input style="width: 80%;" type="text"/>	<b>Position:</b> <input style="width: 80%;" type="text"/>
<b>Address:</b> <input style="width: 90%; height: 50px;" type="text"/>	<b>Address:</b> <input style="width: 90%; height: 50px;" type="text"/>
<b>Post Code:</b> <input style="width: 80%;" type="text"/>	<b>Post Code:</b> <input style="width: 80%;" type="text"/>
<b>Tel No.:</b> <input style="width: 80%;" type="text"/>	<b>Tel No.:</b> <input style="width: 80%;" type="text"/>
<b>Mobile No.:</b> <input style="width: 80%;" type="text"/>	<b>Mobile No.:</b> <input style="width: 80%;" type="text"/>
<b>Email:</b> <input style="width: 80%;" type="text"/>	<b>Email:</b> <input style="width: 80%;" type="text"/>
<b>Website / Facebook:</b> <input style="width: 90%; height: 30px;" type="text"/>	

**Please tick the areas of interest with which your Group / Organisation is mainly involved:**

Children & Young People	<input type="checkbox"/>	Sport & Recreation	<input type="checkbox"/>	Disability	<input type="checkbox"/>
Women	<input type="checkbox"/>	Arts / Cultural/ Heritage	<input type="checkbox"/>	Environment / Conservation	<input type="checkbox"/>
Older People	<input type="checkbox"/>	Social Activities	<input type="checkbox"/>	Housing / Homelessness	<input type="checkbox"/>
Health & Well Being	<input type="checkbox"/>	Ethnic Minorities (BME)	<input type="checkbox"/>	Community Development	<input type="checkbox"/>
Education / Training	<input type="checkbox"/>	LGBT	<input type="checkbox"/>	Other... Please Specify	<input type="checkbox"/>
Volunteer Development	<input type="checkbox"/>	Advice, Information & Support	<input type="checkbox"/>		<input type="checkbox"/>

**Is your Group / Organisation Registered with The Charity Commission NI?**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**Do you have a constitution?**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**Please turn over...>>**



**Describe the main activities of your Group / Organisation:**

**Which geographical area does your Group / Organisation serve:**

**How can ABC Community Network help your Group / Organisation?**

**DATA PROTECTION: Important... Please note!**

ABC Community Network stores the information you give us electronically and on paper file for **contact purposes by ABC Community Network only. We do not pass your information on to any third party.**

To comply with General Data Protection Regulations, we need your consent to give ABC Community Network permission to include your email on our weekly E-News newsletter bulletin and to receive our "Network News" magazine.

**Please tick this box to give your consent:**

Signed: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_