

CVS NORTHAMPTONSHIRE

**APPLICATION FOR
ORDINARY MEMBERSHIP**

This form needs to be filled in by an official person representing the applicant organisation using block capitals



Completed forms to be returned to CVS membership department
32-36 Hazelwood Road
Northampton, NN1 1LN
01604 627128
cvs@cvsnorthamptonshire.org.uk

Name of your Organisation			
Name of Contact			
Address			
Post Code.....			
Phone No		Fax No	
E Mail		Website	
Charity Reg No	Company Reg No	Constituted Group	Y <input type="checkbox"/> N <input type="checkbox"/>
Days and hours service is open, or operational			
Please indicate reach of geographical activity Local <input type="checkbox"/> Countywide <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/>			
Where are you active (Locations)			
Brief description of services		Section or interest of Community served	
Health etc		Youth etc	
<p>DATA PROTECTION ACT 1998</p> <p>Any information contained in this form will be stored in a secure manner for the use of CVS in its support services for the third sector.</p> <p>If you do not want this information being shared with other selected agencies please tick here <input type="checkbox"/></p> <p>If you do not want to be contacted with event and other news items please tick here <input type="checkbox"/></p>			
As a limited company by guarantee CVS members are only liable for the maximum sum of £1 in the very unlikely case that CVS are forced to close as an operating company and can not meet their financial liabilities.			
I.... have been authorised by the Management Committee of To apply for membership of CVS Northamptonshire			
Signed....		Date....	
Please indicate overleaf the subject your group/organisation covers and attach any leaflets you may have about your organisation and services. (This will help us to ensure that your organisation receives the correct assistance and appropriate service)			

CVS NORTHAMPTONSHIRE

**APPLICATION FOR
ORDINARY MEMBERSHIP**

This form needs to be filled in by an official person representing the applicant organisation using block capitals



Completed forms to be returned to CVS membership department
32-36 Hazelwood Road
Northampton, NN1 1LN
01604 627128
cvs@cvsnorthamptonshire.org.uk

If you wish to add any additional information, please use this space.

WHICH SUBJECTS DOES YOUR ORGANISATION/GROUP COVER please tick up to 4 only

Addictions	Employment & Industry	Recreation	
Adoption & Fostering	Environment & Conservation	Religious Organisations	
Advice & Information Service	Ethnic Groups	Research	
Animals	Lesbian & Gay Issues	Residential Care	
Art	Generalist Agency	Rural	
Carers	Health & Medicine General	Self Help/Support Group	
Charity Shops	Health & Medicine Specific	Single Parents	
Children (5-13)	Housing, Hostels, Homeless	Social & Community Work	
Counselling	Law & Justice	Transport	
Disability – Physical	Media	Under 5's	
Disability – Learning	Mental Health	Volunteering	
Disability – Sensory	Offenders	Women	
Education & Training	Peace Organisation	Youth (14-25)	
Elderly			