**Membership Application 2020**

**Part 1**

1. Name of organisation/individual wishing to become member of the CVS:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. National Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please give name and address of contact person (to whom correspondence will be sent)

 Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Position in organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mob No :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Office Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

**Organisation’s Background Information**
The information requested below is to help us at the CVS better understand how we can help your organisation. (Please feel free to just respond to the questions you want to or are able to respond to)

 4. What accreditation does your organisation have if any (*please tick*):

 Investors in People / NAVCA / SAMS / Navajo / Other (*please specify*) \_\_\_\_\_\_\_\_\_\_\_\_

 5. Is your organisation a registered charity YES/NO

If yes, please supply registered charity number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Do you wish to receive the quarterly e-bulletin and the fortnightly electronic Members’ Update? YES/NO

 7. Please give a brief outline of the aims and activities of your organisation and who your primary service users are:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Please circle

8. Do you have a: Constitution \* Yes No

 Committee Yes No Bank Account Yes No Public Liability Insurance Yes No

\*Please supply with your application if you can a copy of your current constitution so we can keep it on file and make use of it when giving you advice on possible funding opportunities. It may need updating to meet the needs of particular funders and we can help you with this.
9. Date group was founded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Which geographical area does your organisation cover? (whole of West Lancs, Ormskirk, Skelmersdale etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Primary focus of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. What type of organisation would you classify yourselves as?

 (Voluntary / Community Group, Social Enterprise, Parish Council.

 Other [please state]): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13 What is your average turnover the last three years? Please circle

Less than £1,000 / £1,000 to £10,000 / £10,001 to £50,000 / Over £50,000

(The above question is optional, it may however help us to assist you with future funding applications and to provide evidence of the importance of third sector organisations in Lancashire)

14 No. of Paid Staff? \_\_\_\_\_\_\_ No. of Volunteers \_\_\_\_\_\_\_

No. of Committee Members \_\_\_\_\_\_

15. How long is your current funding secured for? Please circle

Less than 1 year / 1 year / 2 years / 3+years

16. Would you like your organisation’s contact details to be on the West Lancs VCFS Members directory? YES / NO

17. Would you like your organisation’s details published online via the West Lancs VCFS Social Prescribing Directory? YES / NO

18. Is there anything that the CVS could currently help you with? (E.g. Publicity,

 Fundraising, Volunteer Recruitment / Training / Governance etc.)

 Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Membership Application 2020**

Part 2

Members Agreement and Guarantee

**Council for Voluntary Service West Lancashire**

**Company Limited by guarantee Registered in England No. 2940823**

**Regd Office : Certacs House, 10-12 Westgate, Skelmersdale, West Lancs WN8 8AZ**

The Company’s objects are: To promote any charitable purposes for the benefit of the community in the local government districts of West Lancashire (hereinafter called ‘the area of benefit’) and, in particular, the advancement of education, the protection of health and the relief of poverty, distress and sickness, and in furtherance of the said purposes, but not further or otherwise, to promote and organise co-operation in the achievement of the same and to that end to bring together in council representatives of the voluntary organisations and statutory authorities within the area of benefit.

We agree to become a member of Council for Voluntary Service West Lancashire.

Should the Company be wound up I promise to pay the sum of £1 towards its debts if asked to do so.

We confirm that we are in sympathy with the Company’s aims and objectives (see above)

Name: …………………………………………On behalf of : ………………………………………

Signed : …………………………………………………...… Date………….………………..

Part 3

**Data Protection**

**(Please note that all information entered on this form will be held on computer)**

This information is only to be used internally by CVS staff and will not be shared with any other organisations. We will not publish or share your information with anyone else unless you give us permission to do so. We will add your contact details to the mailing list to send out relevant information.

**Please return to:**

**West Lancashire Council for Voluntary Service,**

**Certacs House, 10-12 Westgate,**

**Skelmersdale, Lancs WN8 8AZ**

**enquiries@wlcvs.org**

**Tel: 01695 733737**

**Registered Charity No: 1039563**

# FOR OFFICE USE ONLY MEMBER ASSOCIATE

Membership Confirmed : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Letter sent : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Follow up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Revised April 2018)