

Voluntary Action North East Lincolnshire

Application for Membership / Friendship



APPLICATION for MEMBERSHIP / FRIENDSHIP

Name of Organisation

Committee Members

Chair

Name

Address and
Telephone Number:

Secretary

Name

Address and
Telephone Number:

Treasurer

Name

Address and
Telephone Number:

Aims of your organisation (as set out in your constitution)

Voluntary Action North East Lincolnshire

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When and where do you meet?

Venue

Day and Time

Is your membership restricted?

YES ☐ NO ☐

If yes, please state why

Are you a registered charity?

YES ☐ NO ☐

Charity number

When is your AGM held?

Please tell us how your organisation carries out its aims and objectives?

Do you employ any paid staff and/or volunteer workers?

Paid staff
Volunteers

YES ☐ NO ☐
YES ☐ NO ☐

If yes to either of these, do you have a statement with regard to Health & Safety at work?

YES ☐ NO ☐

If you fundraise please indicate how this takes place

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Please give the details of a person of organisation who can act as a referee for your group. This can be:

- ✓ Someone who knows your organisation. E.g: service user
- ✓ Another group/organisation who was worked with your group and who is affiliated to Voluntary Action
- ✓ An accountant, solicitor, GP, social worker or other professional person who has acted on behalf of your group or who has made referrals to your service.

The membership fee is £25 per annum covering your organisation for a period of 12 months from date of acceptance into membership.

Please return completed form to: Voluntary Action North East Lincolnshire

Cheque No.

Please enclose your cheque.

FOR VOLUNTARY ACTION USE ONLY

Date Received

Date of Committee
approval / rejection

Reasons for Rejection

Voluntary Action North East Lincolnshire

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