



# Bournemouth Council for Voluntary Service

Registered Office, Boscombe Link, 3-5 Palmerston Road, Bournemouth, BH1 4HN

Tel & Fax: (01202) 466130 Email: [contactus@bournemouthcvs.org.uk](mailto:contactus@bournemouthcvs.org.uk)

Registered Charity No: 1081381 Company Reg'd in England & Wales No: 4024662

## BCVS Membership Application Form April 2017 to March 2018

1. Name of Organisation:

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2. Organisation representative:

(This will be the person entitled to vote at General Meetings, appoint a proxy in their place or nominate people for election to the board).

3. Tel:

4. Fax:

5. Address of organisation including postcode:

Can this information be made public?      Yes                      No

6. Email address:

7. Website address:

8. Facebook address:

9. Twitter address:

10. Name, address & email of contact to whom information should be sent if different from above:

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11. Official correspondence can be sent to our e-mail                      Yes                      No  
 Official documentation can be posted on the BCVS website                      Yes                      No  
 Inclusion in Register of Contacts                      Yes                      No

12. Would you like to hear from our Volunteer Centre Broker?                      Yes                      No  
 Would you like to hear from our Voluntary Youth Project co-ordinator?                      Yes                      No  
 Would you like to receive information about other BCVS services including training and events? Your email address would be added to our general e-network and you can unsubscribe at any time                      Yes                      No

13. Brief description of your organisation's aims and objectives:

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Annual Income of group*	Under £1,000	£1,001 - £25,000	£25,001 - £100,000	£100,001 - £250,000	£250,001 - £500,000	Over £500,001
Cost of Membership	Free	£10	£20	£30	£60	£90

14. I enclose a remittance of £                      Cheque/Postal order *made payable to Bournemouth CVS.*     

Please tick if you would prefer us to invoice you                     

**Please add £5 for each additional copy of VCS Voice and include mailing details overleaf.**

*\* National or regional organisations should use the income relating to the work done in Bournemouth in calculating the membership fee. Please telephone us if you have any questions.*

Where did you hear about becoming a member of Bournemouth CVS? .....

15. I agree to the above information being held on a computer and used for information purposes in accordance with the details registered under the Data Protection Act. I have read and understand the information provided describing my limited liability as a member of BCVS and I agree to being liable for up to £10 should the organisation become insolvent. I agree to abide by the members' code of conduct (see BCVS website).

16. Signed (N.B. This must be the representative at box 2 above):

17. Date:

Supporting Voluntary and Community Action in Bournemouth

Resources : Information : Training & Events

Volunteering : Networking

[www.bournemouthcvs.org.uk](http://www.bournemouthcvs.org.uk)

Mail



# Additional Mailing Contacts

(Please add £5 for each additional mailing contact)

1. Name:	
2. Position in Organisation:	
3. Organisation Name (if different):	
4. Postal Address:	5. Email:

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<b>BCVS office use only</b>	Date:	Cheque Name:
Cheque No:	Society Cheque: Yes/No	Membership No:
Cheque Amount: £		Staff Signature: