

Application for membership

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Title: Mr Mrs Miss Ms

Name (in full):

Date of Birth:

Address:

Post Code: **Tel No:** (.....)

Mobile: **Email:**

Are you a permanent resident of the Borough of Rochdale? Yes No

Are you a member of any other organisation within the Rochdale Metropolitan Borough? Yes No

If yes, please give the name and address of the organisation here:

Name of Organisation:

Address:

Post code: **Tel No:**

(Please use a separate sheet if more than one)

Please use this section to tell us why you would like to join Castlemere Community Centre and what skills and strengths you have relevant to its work. (Give a brief outline of what you would bring to the work of Castlemere Community Centre, specialist skills, experience etc. use additional sheet, if necessary)

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Terms and conditions of membership are shown overleaf. It is important that you read, understand and accept the Terms and Conditions for being considered for membership.

Have you read the Terms and Conditions? Yes No

Do you understand and accept the Terms & Conditions? Yes No

Declaration

I, hereby, declare that the information provided in this form is true to the best of my knowledge and I give me consent for the information to be checked and verified, if necessary, at any time.

SIGNATURE: **DATE:**

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TERMS AND CONDITIONS OF MEMBERSHIP

1. Membership of the Charity shall be open to any person over the age of 18 years who is interested in furthering its objects;

Who:

- a) is resident in the Metropolitan Borough of Rochdale,
- b) has completed the Charity's Application for Membership Form and paid the £5.00 subscription.
- c) has been accepted for membership by the Executive Committee, and
- d) Promises to obey and follow the Rules and Regulations of the constitution of the charity.
- e) None payment or a missed instalment will automatically cancel membership

2. Every member shall have one vote, which shall become operative, 6 months after his or her acceptance as a member of the charity.

3. Any of the following will lead to membership lapsing:

- a) failure to renew the membership annually by paying the subscription appropriate at the time,
- b) undertaking any activity openly or secretly which may be detrimental to the interest of the charity
- c) using or occupying anything unlawfully belonging to the charity.

4. To accept the decisions of the Executive committee at all times.

5. The Executive Committee may, by unanimous vote and for good reason, terminate the membership of any individual. The individual concerned shall have the right to be heard by the Executive Committee, accompanied by a friend or other person, before a final decision is made. The individual shall have the right to a written reason for termination.

6. To obtain membership, two types of proof of identity need to be produced:

- Utility Bill
- Medical Card
- Passport
- Driving Licence

FOR OFFICE USE ONLY	IDENTITY PRODUCED
DATE RECEIVED:	1. Utility Bill
FEE PAID: YES / NO	2. Medical Card
ACCEPTED: YES / NO	3. Passport/Driving License
MEMBERSHIP NO:	4. Copies taken
APPROVED BY:	
Signature:	Date:
Print Name:	Position: