

## **Action for Involvement Membership Form**

### **Agreement for Membership**

I hereby apply to become a full member of Action for Involvement and agree to be bound by its constitution and any rules made under that constitution. I confirm that I support of the Group`s aims and work. I agree that Action for Involvement may give out information about me to other members.

Applications for membership will be considered by our Management Committee. Membership is terminated if the member gives written notice of resignation, ceases to exist, is removed from membership by resolution of the committee or ceases to comply with the conditions of membership. Membership is not transferable.

### **Part I: Your Contact Details**

Name: .....

Address: .....

.....

Phone: ..... Mobile: .....

Fax: ..... Email: .....

#### **Please tick the boxes below if you want to receive:**

Emails with details of research, reports and events like this one

Membership Application Form to join *Action for Involvement*.

Thank you for completing our Membership Registration Form which we will confirm by email after we have accepted your application.

**Signed:** ..... **Date:** .....

## **PART II: About You**

**Please tick all of the boxes below which apply to you to let us know:**

### **1. whether you are**

- Female  Male  
 On a low income  Unemployed

- Disadvantaged living in:  Rural area  Urban area  
 Disabled  
 Minority Ethnic origin (please specify)  
 Other (please specify)

### **2. your age range**

- 14 or under  15-25  26-34  
 35-44  45-59  60 plus

### **3. of any specific communications needs**

- Sign language  Textphone  Other language  
 Other (please specify)

### **4. whether you are attending our Event as a representative for:**

- School  Society  Health Body  
 Parish/Town Council  Registered Charity  Community

Group

- Other (please specify)