



Membership Application April ____ – March ____

Contact Details:

Group / Organisation			
Membership Telephone Number:			
Other Membership Number(s):			
Membership E-mail:			
Membership Contact:	Title:		Name:
Position in Group:			
Group / Organisation Address: Including postcode			

Contact Preferences: Relating to Membership, Information & Services - You can opt out of any time

How can we contact you? Tick all that apply <i>Where possible we will contact you via email</i>	Phone: <input type="checkbox"/>	Email: <input type="checkbox"/>	Post: <input type="checkbox"/>
To receive our monthly e-bulletin which includes BPRCVS services only	Yes <input type="radio"/>	No <input type="radio"/>	
To receive our weekly e-bulletin which includes information on external organisation services e.g. Funding, Training, Volunteering, and Events etc.	Yes <input type="radio"/>	No <input type="radio"/>	
Can we signpost potential clients to your service?	Yes <input type="radio"/>	No <input type="radio"/>	

Details about your group: (Tick all that apply)

In which area(s) do you operate?	Burnley <input type="checkbox"/>	Pendle <input type="checkbox"/>	Rossendale <input type="checkbox"/>
	Other <input type="checkbox"/> Please specify:		
Sector:	Voluntary/Community/Faith (VCF) <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>
Registered Charity:	<input type="checkbox"/>	If yes please provide Charity No:	
Charitable Company:	<input type="checkbox"/>	If yes please provide Company No:	
Number of Volunteers: Please include Trustees	[]	Average hours per volunteer per week	[]
Number of paid staff:	[]		

Continued

Who does your Group support / What services do you provide? Tick all that apply

<input type="checkbox"/> Adults	<input type="checkbox"/> LGBT	<input type="checkbox"/> Social Isolation
<input type="checkbox"/> Older Adults (50+)	<input type="checkbox"/> Carers	<input type="checkbox"/> Culture / Arts / Music
<input type="checkbox"/> Children / Young People	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Faith
<input type="checkbox"/> Families	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Environmental
<input type="checkbox"/> Men	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Offenders / Ex-Offenders
<input type="checkbox"/> Women	<input type="checkbox"/> Substance Misuse	<input type="checkbox"/> Sports & Leisure
<input type="checkbox"/> BME	<input type="checkbox"/> Health & Wellbeing	<input type="checkbox"/> Veterans

Other (please specify)

Please provide a brief description of your Group's aims:

Members Agreement and Guarantee

Our group/organisation agrees to BPRCVS aims & objectives, membership criteria and equal opportunity policy provided with the application pack.

I confirm I have read/understood this statement

Unless you have stated otherwise, BPRCVS will use this data to send regular information, e-newsletters and service updates to the contact provided. In accordance with GDPR the data you have provided will be stored safely and securely on BPRCVS' CRM database. The purpose of this data is for BPRCVS to access contact details for your products/services and to enable BPRCVS to signpost clients to your organisation. Your records are completely confidential and only BPRCVS staff will have access to them. No information will be shared with third parties without prior agreement. For the purpose of membership BPRCVS will store this data no longer than our funder's requirements. To view your rights as the Data Subject please visit BPRCVS' privacy policy at www.bprcvs.co.uk/index.php/privacy-policy, printed copies available on request.

Full membership costs per year: £15

Please indicate your choice of payment below

PAY by BACS

PAY by CHEQUE

Name of account:

B P & R Council for Voluntary Service

Your cheque should be made payable to:

Sort Code: 05-03-53 Account No: 66972144

'Council for Voluntary Service'

Please ensure you enter the name of your group for reference

Alternatively you can call into our office and pay by cash

Please post your completed form to the address opposite or send via email:

Don't forget to include your Governing Document(s) and payment

Membership at BPRCVS

The CVS Centre
62-64 Yorkshire Street
BURNLEY
BB11 3BT
info@bprcvs.co.uk

By returning this form you are agreeing to the Terms and Conditions of BPRCVS Membership

OFFICE USE Paid: ____ / ____ / ____ Cheque BACS Cash Added to CRM: ____ / ____ / ____

Chief Officer passed: _____ Date: ____ / ____ / ____ Ratified at Board Meeting: ____ / ____ / ____