



MEMBERSHIP FORM

Aims

To advance the education of the people of Sheffield through the provision of facilities that enable full participation in the life of the city and thereby improving their conditions of life.

Benefits of Membership

We are an independent forum which provides:

- Advance notice of free Events with speakers
- The opportunity to debate issues with like minded people
- Copies of reports sent by email free of charge
- Fully accessible venue

We will present our reports to highest standards to ensure issues raised at our Events are presented effectively to key decision-makers.

Agreement for Membership

I am applying for full membership of Action for Involvement and agree to be bound by its constitution and any rules made under that constitution. I also confirm that I support the Group`s aims and work.

I agree that Action for Involvement may give out information about me to other members. (Please delete if you do not wish us to share your information with other members.)

Name:

Address:

Postcode:

Telephone:

Mobile:

Fax:

Email:

Signature:

Date:

Applications for membership will be considered by Action for Involvement`s Management Committee. Membership ceases with immediate effect upon receipt of the member`s written notice of resignation or if the member dies or removed by resolution of the committee or ceases to comply with the conditions of membership. Membership is not transferable.

Please return completed form to: info@actionforinvolvement.org.uk

Internal use only: Membership: Date Accepted

Date Ceased:



Part II: About You

Although this section is voluntary, providing this information will help us with funding applications. Should you wish to do so, please complete those boxes below which apply to you and return with your application form 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

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- Under 18 18-25 26-34
- 35-44 45-59 60 plus

3. of any specific communications or other accessibility 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)