

**Associate Membership  
Application Form  
May 2011 - June 2012**

Trinity Community Centre, Middle Street, Lancaster LA1 1JZ  
Telephone: (01524) 555900. E-mail: mail@lancastercvs.org.uk

If you wish to become an associate member of LDCVS, please complete this form and return it to the above address.

Associate membership is available to individuals or organisations who do not fit the criteria for full membership of Lancaster District CVS and who agree to support our Diversity & Equal Opportunities Policy and our Aims. For details please see <http://www.lancastercvs.org.uk/aboutus/accountsandpolicies/>

Associate members are entitled to receive our publications but have no voting rights. Full membership with voting rights is available to voluntary, community and faith sector organisations operating in the Lancaster District.

Name of Contact Person:	
Job Title (if applicable):	
Name of Organisation or Group (if applicable):	
Address:	
Post Code:	
Telephone Number:	Fax Number:
Email Address:	
Website Address:	

Would you like to receive a copy of our half-yearly reviews?

Yes, by email	<input type="checkbox"/>	Yes, by post (*See Note Below)	<input type="checkbox"/>	No	<input type="checkbox"/>
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*\*If by post, please enclose a cheque for £6.50 made payable to LDCVS.*

Would you like to receive a copy of our monthly e-mail bulletin?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Data Protection Statement**

The information provided on this form will be stored on a computer database, and may also be retained as a hard copy, to enable us to contact you and send out information when requested. We do not share personal details with any other organisation.

I would like to apply for associate membership of Lancaster District CVS

**Signed** .....

**Date** .....

LDCVS is a Member of:



Our funders include:

