



MEMBERSHIP APPLICATION FORM

Please read the attached notes before completing the form.

Name of contact/individual:.....

Name of organisation (if applicable).....

Address (to which membership material will be sent).....

.....Post Code.....Telephone.....Email.....

Membership is open to the following:
(Please tick the appropriate box that you are applying for)

Individuals [] Organisations[] (please indicate if)

Voluntary Sector [] Statutory Sector [] Private Sector []

There are two categories of membership, Full, with voting rights, and Associate

Please tick the appropriate box that you are applying for

Full Membership [] Appropriate Membership []

We want Membership to be as useful and helpful as possible so please help us by answering as many of the questions below as possible

- Regular mailings only yes or no
Regular mailings and invitations to meetings yes or no
How many mailings would you want a year 2 4 6
How many meetings would you attend a year 1 2 3

What would you like these meeting to cover?

What would you like the Annual General meeting to cover?

What influence, if any, do you wish to have over the organisations/board of Trustees?

Return to:
THE DIRECTOR, AGE CONCERN CARDIFF AND VALE OF GLAMORGAN
1 COMMERCIAL STREET, LLANTWIT MAJOR, VALE OF GLAMORGAN
CF61 1RB, TEL NO. 01446 79563