

Application for Membership of the Management Committee

Name:	Title:
Address:	Telephone:
Occupation:	Fax:
	Email:
No previous voluntary work is required, but if you have some, please give details	
Please say why you are interested in becoming a member of this Management Committee	
Have you any professional skills or interests that could be of use to the management of our organisation?	
Are there any particular roles within the Management Committee that you would like to take on? e.g. treasurer, secretary, vice-chair, etc. (please give details if appropriate).	
Do you agree to Statutory checks being made in relation to this application? e.g. police, social services.	
Please give the names and addresses of two referees who we can contact about your application. Please note they must be over 18 years of age and should not be related to you.	
1.	2.
Signed:	Date: