

MEMBERSHIP APPLICATION FORM



CHARITY DETAILS			
Name of Charity			
Charity Reg. Nr.		Name of Chair	
Address			
Town		Postcode	
Email Address			
Website			

DETAILS OF YOUR NOMINATED REPRESENTATIVE			
Name			
Function			
Address			
Town		Postcode	
Phone		Mobile	
Email Address			

ABOUT THE CHARITY			
Country/Region(s) where Charity's main activities take place			
Local Partner(s)			
Please give a short description of the Charity's main aims and activities			
Please tell us why you would like to become a member and what you would hope to contribute			
Please rate, from 1 being the most important, the causes you address			
Education & Training		Cultural Preservation & Tourism	
Vulnerable People		Environment	
Health & HIV/AIDS		Water & Sanitation	
Gender Equality		Wealth Creation	
Does the Charity have any paid employees?		% of the Charity's work they do	%

SIGNING	
I hereby declare that I have read the Membership Governance and Statement of Principles documents and that I am authorized to agree to their terms and conditions on behalf of the above named Charity	
Name	Function
Signature	

Please send completed form to Together4Africa, 50 Glebelands Road, Baguley, Manchester M23 1HQ