



# Membership Application form

47-49 Pitfield St  
London N1 6DA



## Project contact details

PLEASE USE BLOCK CAPITAL LETTERS TO COMPLETE THIS FORM

full name of organisation: .....

full postal address: .....

.....

.....

..... postcode: .....

telephone: ..... borough: .....

email: ..... website: .....

contact name: .....

Correspondence will be sent to the person and address named above unless you specify an alternative contact here

## Mailing contact

contact name: .....

full postal address: .....

.....

.....

..... postcode: .....

telephone: ..... email: .....

## Your management committee

Please give **full** details of your Management Committee

chair of committee .....

address .....

..... postcode .....

telephone ..... email .....

honorary treasurer .....

address .....

..... postcode .....

telephone ..... email .....

honorary secretary .....

address .....

..... postcode .....

telephone ..... email .....

## Your staff

How many workers are there at your organisation?

	Full-time paid	Part-time paid	Voluntary	TOTAL
Female:	.....	.....	.....	.....
Male:	.....	.....	.....	.....

## Your premises

Are your premises owned rented other

Are your premises purpose built? YES NO

Do you have sole use of the premises? YES NO

Are the premises accessible to wheelchair users? YES NO

What facilities do you have? (please tick)

Outdoor area	<input type="checkbox"/>	Sports hall/ gym	<input type="checkbox"/>	Stage/ performance area	<input type="checkbox"/>
Video editing	<input type="checkbox"/>	I.T Suite	<input type="checkbox"/>	Arts and crafts facilities	<input type="checkbox"/>

