

Community Regeneration Trust North East

Membership Application Form

Name:	<input type="text" value="(1)"/>	Date of Application:	<input type="text" value="(4)"/>
Address:	<input type="text" value="(2)"/>	Daytime Phone No:	<input type="text" value="(5)"/>
		Evening Phone No:	<input type="text" value="(6)"/>
		Mobile Phone No:	<input type="text" value="(7)"/>
	Postcode:	<input type="text" value="(3)"/>	

I wish to apply to the Board of Directors for:

Participant Membership	<input type="text" value="(8)"/>	(free of charge while valid)
Individual Membership	<input type="text" value="(9)"/>	and I enclose my fee of £5
Corporate Membership	<input type="text" value="(10)"/>	and I enclose the fee of £35

Organisation Name:	<input type="text" value="(11)"/>
Your Position:	<input type="text" value="(12)"/>

Membership Qualification *(for Corporate Membership, please state your Organisation's Aims and Objectives)*
Use this space to explain your interests or means by which your membership would benefit the Organisation.
(13)

Personal Information

Please tick here if you would like to receive the CRTNE Data Protection Policy:

Male:	<input type="text" value="(14)"/>	Female:	<input type="text" value="(15)"/>	Date of Birth:	<input type="text" value="(16)"/>
-------	-----------------------------------	---------	-----------------------------------	----------------	-----------------------------------

I understand that this application for membership to the CRTNE is conditional upon acceptance by the Board of Directors. I further understand that, should my application be successful, I will be required to adhere to the Rules as laid down in the Memorandum and Articles of the Organisation. I am aware that continued membership is dependent upon payment of annual subscription fees.

Signed: _____	(17)	Dated: _____	(18)
---------------	------	--------------	------

CRTNE Use Only:			
Date Application Received:	<input type="text"/>	Ratified?	<input type="text"/>
Date Application Considered:	<input type="text"/>	Membership Number:	<input type="text"/>
File and date of acknowledgment correspondence:	<input type="text" value="/ /"/>		

Please post Application Form to:

**Chief Executive Officer, Community Regeneration Trust North East, Centre for the Community,
3 Robinson Street, South Shields, Tyne and Wear, NE33 4PR.**