

Membership Application Form

If you have any questions, please contact Mansfield CVS for clarification.
Please forward the completed form to the above address or via
e-mail to Kate Boughton at kboughton@mansfieldcvs.org

(The information provided will be held in accordance with the Data Protection Act 1998).

Type of Membership	<input type="checkbox"/> General	<input type="checkbox"/> Individual	<input type="checkbox"/> Associate
Name of Organisation			
Name of Key Contact		Title	
Position/Job Title			
Address			
Town/City		Postcode	
Telephone		Extension	
Mobile			
Email (Personal)			
Email (Organisation)			
Website			
Legal Status	<input type="checkbox"/> Registered Charity	<input type="checkbox"/> Co. Ltd by Guarantee	
	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Un-Constituted	
Charity Number		Co. Ltd by Guarantee No.	

Name

Date