

Membership Form and Registration

Name of Organisation _____

Address
House/Centre Name _____

Number and Road _____

Town _____

County _____

Postcode _____

Main Telephone Number _____

Main Email Address _____

Website Address _____

Facebook Address _____

Twitter Address _____

Organisation Contact Details

Please provide the contact details for the person at your organisation who will liaise with us

Name _____

Job Title _____

Please provide an address if different from the one given for your organisation

House/Centre Name _____

Number and Road _____

Town _____

County _____

Postcode _____

Details of other members of your organisation

Chair Name _____

Contact Email _____

Contact Telephone No _____

Secretary Name _____

Contact Email _____

Contact Telephone No _____

Treasurer Name _____

Contact Email _____

Contact Telephone No _____

Type of Organisation <i>(Please tick one of the following)</i>	
Voluntary/Community Organisation	
Self-Help or User Group	
Faith/Culture/Belief based Organisation	
Not for Profit Organisation or Social Enterprise	
Charitable Incorporated Organisation (CIO)	
Community Interest Company (CIC)	
Statutory/Government/Public Sector	
Private/Business Sector	

If you are a Registered Charity what is your Charity Number? _____

If you are a Company Limited by Guarantee what is your Company Number _____

What date did your organisation start operating? _____

Geographical Areas Covered

(Select All of Council area if you cover all the Wards OR tick Individual Wards as appropriate)

All of Bracknell Forest		All of Wokingham	
Ascot		Arborfield	
Binfield with Warfield		Barkham	
Bullbrook		Bulmershe and Whitegates	
Central Sandhurst		Charvil	
College Town		Coronation	
Crown Wood		Emmbrook	
Crowthorne		Finchampstead North	
Great Hollands North		Finchampstead South	
Great Hollands South		Hawkedon	
Hanworth		Hillside	
Harmans Water		Hurst	
Little Sandhurst and Wellington		Loddon	
Old Bracknell		Maiden Erleigh	
Owlsmoor		Norreys	
Priestwood and Garth		Remenham, Wargrave and Ruscombe	
Warfield Harvest Ride		Shinfield North	
Wildridings & Central		Shinfield South	
Winkfield & Cranbourne		Sonning	
		South Lake	
		Swallowfield	
		Twyford	
		Wescott	
		Winnersh	
		Wokingham Without	

Month of AGM _____ Number of Paid Staff _____

Number of Volunteers *(do not forget your Trustees)* _____

Annual Income £ _____ Annual Expenditure £ _____

Has your Income changed over the last year?

(Please state Increased / Decreased / No Change)

Who are the INTENDED CUSTOMERS of your services (Please tick as many as appropriate)			
Babies and Toddlers (0-4)	<input type="checkbox"/>	People needing Health Condition Support	<input type="checkbox"/>
Children (5-11)	<input type="checkbox"/>	People needing long term Illness Support	<input type="checkbox"/>
Youth (12-19)	<input type="checkbox"/>	Alcohol/Substance Misusers	<input type="checkbox"/>
Adults (20 to 54)	<input type="checkbox"/>	Homeless People	<input type="checkbox"/>
Older People (55+)	<input type="checkbox"/>	The Unemployed	<input type="checkbox"/>
Families and Parents	<input type="checkbox"/>	Offenders and Ex offenders	<input type="checkbox"/>
Carers	<input type="checkbox"/>	Victims of Crime and Abuse	<input type="checkbox"/>
People with Learning Difficulties	<input type="checkbox"/>	Lesbian, Gay, Bisexual, Transgender	<input type="checkbox"/>
People with Mental Health	<input type="checkbox"/>	Black and Minority Ethnic People	<input type="checkbox"/>
People with Physical Disabilities	<input type="checkbox"/>	Travellers, Migrants, Refugees and Asylum Seekers	<input type="checkbox"/>
People with Sensory Disabilities	<input type="checkbox"/>	Voluntary/Community Organisations	<input type="checkbox"/>

Description of your organisation's aims including Mission Statement

Description of your organisation's activities

Has Demand for your activities changed over the last year?

(Please state Increased / Decreased / No Change)

Is there a cost for using your activities (please state Yes or No)

If Yes what is the cost (don't forget any membership charges)

Volunteering

One of the services involve provides is a Volunteer Centre providing a brokerage service to help recruit volunteers for organisations and promoting opportunities in Bracknell Forest.

Would you like support to recruit volunteers? (please state Yes or No)

If Yes our Volunteer Services Manager will get in touch with your Volunteer Co-ordinator to discuss your volunteering opportunities

Volunteer Co-ordinator Name _____

Contact Email _____

Contact Telephone No _____

Would you like to receive involve's newsletters? *(Please tick as many as appropriate)*

Bracknell e-bulletin	<input type="checkbox"/>	Wokingham the Chain	<input type="checkbox"/>
Bracknell Funding Newsletter	<input type="checkbox"/>	Wokingham Funding Alerts	<input type="checkbox"/>
Bracknell Training	<input type="checkbox"/>	Wokingham Training	<input type="checkbox"/>

Venue Hire

Do you have a venue that you hire out? *(Please state Yes or No)* _____

<i>If Yes what type of Hire Facility</i>	<i>Tick if applicable</i>	<i>Maximum Capacity</i>
Office/Work Station	<input type="checkbox"/>	
Small Meeting Room	<input type="checkbox"/>	
Large Meeting/Function Room	<input type="checkbox"/>	
Large Hall/Auditorium	<input type="checkbox"/>	
Conference Centre	<input type="checkbox"/>	
Resource Room/Centre	<input type="checkbox"/>	
ICT/Internet	<input type="checkbox"/>	
Play Room	<input type="checkbox"/>	
Sports	<input type="checkbox"/>	
Other Please Specify below including Sport Facilities ie Stage, Public Entertainment Licence, Playing Field, Changing Rooms etc		
Venue Bookings Contact Name		
Venue Name		
Venue Address		
Venue Telephone Number		
Venue Email Address		
<i>Accessibility (please state Yes or No in appropriate boxes)</i>		
Full Wheelchair Access	<input type="checkbox"/>	Do you have Disabled Parking Bays?
Part Wheelchair Access	<input type="checkbox"/>	Do you have Hearing Loops?
Do you have Accessible Toilets?	<input type="checkbox"/>	Do you have Text phone?
Can the Venue premises be accessed by a person with any disability?		
Would you like involve to advertise your venue? <i>(please state Yes or No)</i>		

Form completed by
Name *(Please print)* _____ Date _____

I/this organisation agrees to become a member of involve, a registered charitable company limited by guarantee. Should the company be wound up, I/we the organisation promises to pay the sum of £1.00 towards its debts, if so asked.

I/we hereby give consent for the information given to be kept on the [involve](#) database/website and published in the involve directory. Involve has a policy of not making the database available for commercial purposes. I/we understand that this information will be used for the purposes mentioned above and no other without prior consent

Signed _____

Print Name _____

Date _____

Please complete and return this form to Jackie.eddolls@involve.community

[involve](#) Community Services. Office Address involve, The Court House, Broadway, Town Square, Bracknell RG12 1AE
Registered Charity No 1061373 and Company Limited by Guarantee Registered in England No 3332555
We receive core funding from Bracknell Forest Council and Wokingham Borough Council
