



## **MEMBERSHIP APPLICATION FORM**

**Thank you for your interest in membership of the Association of Dogs and Cats Homes. Full details of the two membership categories we offer are available on our website: [www.adch.org.uk](http://www.adch.org.uk)**

**To apply for membership, please complete and return this form (with additional information as requested) to the Secretary:**

**Peter Laurie  
Secretary, Association of Dogs and Cats Homes  
C/o Battersea Dogs and Cats Home  
4 Battersea Park Road  
London SW8 4AA**

**Please do not send any payment with your application form as, should your application be successful, the Treasurer will invoice you accordingly.**

Please answer all questions by entering details as appropriate or an X into appropriate tick boxes or N/A in the event that the question does not apply to your organisation:

**What category of membership are you applying for?**

Full  Associate

**What is the name of your organisation?**

**What is the address, including post code, of your organisation?**

Telephone:

Email:

Website:

**Please give the names of the following people:**

Director/Chief Executive/Manager:

Chairman:

Secretary:

Treasurer:

Trustees:

Patron(s):

Solicitors (with address):

**Bank name and address:**

**Charity Registration Number:**

**Company Number:**

**In which year was your organisation founded?**

**Please outline your organisation's Aims and Objectives:**

**Please give details about the types of animals your organisation cares for and give approximate numbers rescued annually:**

**What type of work does your organisation do?**

Rescue	<input type="checkbox"/>	Stray Contracts	<input type="checkbox"/>	Rehab	<input type="checkbox"/>
Rehome	<input type="checkbox"/>	Education	<input type="checkbox"/>	Commercial Boarding	<input type="checkbox"/>
Sanctuary	<input type="checkbox"/>	Neutering	<input type="checkbox"/>	Welfare Boarding	<input type="checkbox"/>
Other	<input type="checkbox"/>	(Please Specify)			

**Please give the number of animals of each type that your organisation typically holds on a daily basis:**

**How many kennels/pens does your organisation have on how many sites?**

**How many staff does the organisation have?**

<input type="text"/>	Full time
<input type="text"/>	Part time
<input type="text"/>	Volunteer
<input type="text"/>	Others

**Please give the name and address of the principal Veterinary Practice that you work with:**

**With this form, please enclose:**

- Two references that support your work and application for membership (these should be from a registered veterinary surgeon, a Local Authority Dog Warden or from an existing ADCH member organisation);
- A copy of your organisation's Constitution/Governing Document or equivalent;
- A copy of your organisation's accounts/financial statements for each of the last two financial years;
- Copies of any newsletter/promotional literature that you publish and that provide further information about the scope of your work.

Signed:

Name:

Position in Organisation:

Date: