

Membership Application Form



Organisation/Group Details

Organisation Name : _____

Main Contact : _____

Address : _____

Postcode : _____

Tel No : _____ Fax No : _____

Email : _____ Website : _____

Chair of Organisation : _____

Address : _____

Postcode : _____

Tel No : _____ Email : _____

General Information

Is your organisation a registered charity? ☐ Charity number : _____

A Charitable Incorporated Organisation (CIO). ☐

A voluntary or community organisation with a constitution or set of rules. ☐

Does your organisation have a constitution? ☐

Does your organisation have a bank account which needs two or more signatories? ☐

Main aims of your organisation : _____

SIGNED: _____ DATE: _____

Please make your cheque of £25.00 payable to GBYOC and send to the address below.
Membership is valid from 1st July to 30th June each year.

Office Use Only

Date Received : _____ Cheque Number : _____ Membership No. _____