

Membership Application Form



Your contact details (please complete all sections)

Main contact _____	Position _____
Organisation _____	Acronym _____
Address _____ _____	Town _____ Postcode _____
Telephone _____	Year established _____
Facsimile _____	Registered with the Inland Revenue? Yes <input type="checkbox"/> No <input type="checkbox"/>
Minicom _____	Inland Revenue number _____
Email _____	Company number _____
Web _____	Charity number _____

Your organisation

Q1 Does your organisation have a governing document ie constitution?

Yes No

Q2 Does your organisation have:

An annual report Annual accounts

Q3 Is your organisation's management/executive committee:

Appointed by government

A voluntary committee

Elected by member organisations

Other (please specify below)

Q4 Which of the following best describes the nature of your organisation? (tick one)

Voluntary

Charity

Housing association

Individual

Statutory

Community

Church group

Social economy enterprise

Business

Partnership

Other (please specify below)

Q5 Please indicate from the list below the legal status of your organisation (please tick only one)

Trust

Unincorporated association

Company limited by guarantee

Industrial and provident society

Other (please specify below)

Q6 Which of the following best describes the remit of your organisation?

Central office of a NI organisation

Local office of a NI organisation

NI office of a UK organisation

NI office of an all-Ireland organisation

NI office of an international organisation

Unaffiliated organisation (urban)

Unaffiliated organisation (rural)

Organisation outside Northern Ireland

Other (please specify below)

Q7 Please indicate the relationship your organisation has with your central office (if applicable):

- Name of parent organisation (specify below)
-
- Constituted as a legally separate body
- Not constituted separately from parent organisation

Q8 Which of the following best describes the geographic remit of your organisation?

- Local (within local neighbourhood, estate, deprived community or within local district council area)
- Sub-regional (across more than one district council area or community)
- Regional (across all NI or part of a UK wide organisation working across all of NI or across all of Ireland)

Q9 Does your organisation provide support services to other voluntary and community organisations? *This includes services such as information and advice, support, representation and promotion.*

Yes No

If yes, is your organisation:

Generalist *(provides support to all types of voluntary and community organisations)*

Specialist *(provides services to groups which work on particular issues or which have particular interests or identities)*

Q10 Please rank your organisation's main purpose (1 being the most relevant):

- General charitable purposes
- Education/training
- Medical/health/sickness
- Disability
- Relief of poverty
- Overseas aid/famine relief
- Accommodation/housing/homelessness
- Religious activities
- Arts
- Sport/recreation
- Animal welfare
- Environment/sustainable development/conservation
- Community development
- Cross-border/cross community
- Rural development
- Urban development
- Advice/advocacy/information
- Community transport

(Q10 continued)

- Youth work/development
- Volunteering development
- Counselling/support
- Playgroup/after schools
- Search and rescue
- Human rights/equality
- Cultural
- Heritage/historical
- Gender
- Grant making
- Criminal Justice
- Community enterprise
- Economic development
- Research/evaluation
- Welfare/benevolent
- Other (please specify below)
-
-

Q11 Please rank whom/what your organisation attempts to help/address (1 being the most relevant):

- None
- Children (5-13 year olds)
- Older people
- People with disabilities/special needs
- Ethnic minorities
- Voluntary and community sector
- Mental health
- Parents
- Addictions (drugs/substance/alcohol abuse)
- Unemployed/low income
- Victim support
- Women
- Adult training
- Sexual orientation
- Carers
- The general public
- Volunteers
- Asylum seekers/refugees
- Community safety/crime prevention

(Q11 continued)

Ex-offenders and prisoners

Pre-school (0-5 year olds)

HIV/Aids

Sensory disabilities

Homelessness

Specific areas of deprivation

Interface communities

Tenants

Language community

Travellers

Learning disabilities

Youth (14-25 year olds)

Men

Other (please specify below)

Overseas/developing countries

Physical disabilities

Q12 Please indicate the number of male and female paid or voluntary staff your organisation has.

Paid	Full-time	Part-time
Males	<input type="text"/>	<input type="text"/>
Females	<input type="text"/>	<input type="text"/>

Q13 Please indicate the make up of your management committee (if applicable).

Management committee
Males <input type="text"/>
Females <input type="text"/>

Volunteers*	Full-time	Part-time
Males	<input type="text"/>	<input type="text"/>
Females	<input type="text"/>	<input type="text"/>

* Do not include management committee

Q14 Within your organisation who is the main contact for the following areas?

	Name	Position	Email
Membership contact*			
Fundraising/marketing			
Information and advice			
Research			
Policy			
Training			
Human resources			
Information technology			
Finance			
European issues			
Communications/PR			
Other			

* Only include details for membership contact if different from main contact.

Q15 Please briefly describe in your own words the overall role of your organisation.
