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| A close up of a logo  Description automatically generated | **Membership Application Form** |

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| **1. Contact Details** |
| Organisation Name: |  |
| Street: |  |
| Area/Town: |  |
| City/County: |  |
| Postcode: |  |
| Email: |  |
| Telephone: |  |
| Home details? | Choose an item. |
| Website: |  |

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| Principal Contact: |  |
| Position: |  |
| Email: |  |

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| **2. About Your Organisation** |
| Organisation Type: | Choose an item. |
| Social Enterprise? | Choose an item. |
| Registered Charity? | Choose an item. | If yes, Charity Number: |  |
| Community or voluntary with a not-for-profit motivation? | Choose an item. |
| Does your organisation have a constitution or set of rules? | Choose an item. |
| Is there a bank account registered in the organisation’s name? | Choose an item. |
| Your organisation’s income band: | Choose an item. |
| Do you engage volunteers (excluding management committee)? | Choose an item. |
| Run by paid staff or volunteers? | Choose an item. |
| Number of paid staff: |  |
| Number of paid staff hours per week: |  |
| Number of volunteers (including management committee): |  |
| Number of volunteer hours per week (including management committee): |  |

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| **3. Your Organisation’s Activities** |
| Primary area of work: | Choose an item. |
| Secondary area of work: | Choose an item. |
| Main client group: | Choose an item. |
| Geographical area covered: | Choose an item. |
| Your organisation’s aim(s): |  |

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| **4. Application Purpose**Please check the appropriate box(s) |
| **Full Membership:** For third sector organisations operating in Aberdeenshire and demonstrating community purpose. | ☐ |
| **Affiliated Membership\*:** For people working/volunteering with full membership organisations. | ☐  |
| **Associate Membership\*:** For people not working/volunteering with full membership organisations, but who wish to engage with AVA and receive information about third sector activities in Aberdeenshire. | ☐  |
| **Corporate Membership\*:** For public and private sector organisations who wish to engage with AVA and receive information about third sector activities in Aberdeenshire. | ☐  |
| \*Neither of the following is associated with this membership type:1. Eligibility to stand for election to Aberdeenshire Voluntary Action’s Board of Directors; or
2. Voting rights at Aberdeenshire Voluntary Action meetings.
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Please indicate below to hear how we can support your organisation:

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| Volunteer support | Choose an item. |
| Governance support | Choose an item. |
| Funding support | Choose an item. |
| Access to training | Choose an item. |
| Independent examination of accounts | Choose an item. |
| Payroll services | Choose an item. |
| PVG scheme membership | Choose an item. |
| Other (please specify): |  |

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| Would you like to register your organisation so that your young volunteers can receive a Saltire Award (<https://saltireawards.org.uk/>)? If you choose yes, your organisation must have a Child Protection Policy in place and be registered for the PVG membership scheme. Please email evidence of both to membership@avashire.org.uk. | Choose an item. |

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| **5. Declarations**Please indicate as appropriate |
| I understand that each application for membership of Aberdeenshire Voluntary Action will be considered by the Board of Directors who meet on a bi-monthly basis. I also understand that I will be contacted by the Development Officer working in my region to confirm membership once this application has been approved. If you wish to benefit from Aberdeenshire Voluntary Action’s activities prior to approval, please email membership@avashire.org.uk. | Choose an item. |
| I understand that if my organisation does not have a constitution/set of rules and a bank account registered in its’ name, I will only be eligible to join as an associate member until these are in place. | Choose an item. |
| I consent to Aberdeenshire Voluntary Action holding the data collected in this form for the purpose of membership administration. | Choose an item. |
| I consent to Aberdeenshire Voluntary Action listing my organisation as a member on its website once this application has been approved. | Choose an item. |
| I consent to receive information from Aberdeenshire Voluntary Action relating to membership, events, training, and other relevant information including from any Aberdeenshire Voluntary Action forums that I might join in the future. | Choose an item. |
| I declare that the trustees/management committee of my organisation have approved submission of this membership application form. | Choose an item. |

**Terms and Conditions of Membership**

1. You must subscribe to the mission, vision and core values of Aberdeenshire Voluntary Action.
2. You must demonstrate community purpose and organisations must be non-profit distributing.
3. Organisations undertaking and/or affiliated to party political activity are not eligible for membership.
4. Any organisation based in Scotland may become a member, however, membership services are only open to organisations with an operational base in Aberdeenshire.
5. We/I understand that in the event of Aberdeenshire Voluntary Action being dissolved, and its assets being otherwise insufficient to meet its liabilities, that we/I may be liable to contribute an amount not exceeding £1 towards the company’s assets.

Please type your name and the date below to confirm your application.

This serves as an electronic signature.

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| Name: |  | Date: |  |