



**WELLINGBOROUGH AFRICAN CARIBBEAN ASSOCIATION**

COMPANY LIMITED BY GUARANTEE No: 0332360 CHARITY No: 1060825

The Natural Choice  
For Service Delivery to  
The Voluntary Sector!

**APPLICATION FOR ASSOCIATE MEMBERSHIP**

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

Mr  Mrs  Ms  Miss

Surname: .....

First Name(s): .....

Address: .....

..... Post Code: .....

Tele No (Home): ..... (Mobile) .....

Email Address: .....

Age: 18-25  26-35  36-45  46-55  Over 55       DOB: .....

Please tick all that interest you:

- |   |  |   |
|---|--|---|
| Music, Dance & Drama <input type="checkbox"/> | Cultural Activities <input type="checkbox"/> | Women's Issues <input type="checkbox"/>       |
| Men's Issues <input type="checkbox"/>         | Youth Activities <input type="checkbox"/>    | Education & Training <input type="checkbox"/> |
| Carnival <input type="checkbox"/>             | Black History Month <input type="checkbox"/> | Domino <input type="checkbox"/>               |
| Internet <input type="checkbox"/>             | Lecture/Seminars <input type="checkbox"/>    | Kwanzaa <input type="checkbox"/>              |

Sports: (Please specify) .....

**Other opportunities for volunteering and work placement exist within the following areas:**

- Basic Admin Support
- Basic Book Keeping
- Sports and Social
- Young People's Activities
- Saturday Supplementary School

Education, Youth Work, Mental Health & Caring, Mentoring Young Offenders, Education Advocacy, Independent Visiting, Arts & Recreation, Community Development and Administration.

**Please read these notes before signing the declaration below:**

- a) Submission of this application does not confer the right to presume membership of the Association. Membership will be at the discretion of the directors with the potential member's knowledge.
- b) The membership fee of **£10** must accompany this application.
- c) That the applicant agrees to abide by the constitution and rules of the Association. (a copy will be made available on request).
- d) Membership is not transferable.
- e) Membership **must be** renewed before or on the 1<sup>st</sup> of January each year.
- f) The applicant has the right of appeal, to the Board of Directors, should membership be refused. Appeals must be in writing. Membership fees will be refunded.
- g) A current member of the Association should second the application forms **not** a member of staff.
- h) Discount on facilities provided by the Association is available only after **one year's** membership.
- i) Membership cards are issued only after the committee has **approved** the application.

**DECLARATION**

*I/We agree to support the aims and objectives of the Wellingborough African Caribbean Association and, being eligible, apply for Associate Membership and enclose the appropriate subscription. I have read and understand the conditions stated in the notice and I agree to abide by them.*

Signature: ----- Date: -----

Proposed by: ----- Signature: -----

Seconded by: ----- Signature: -----

*For office use only*

Approved                       Not approved                       Date: -----

Signed: ----- Chairperson

----- Secretary

----- Treasurer

**Please return this form to:**                      Wellingborough Afro-Caribbean Association  
Rock Street Community Complex, Rock Street,  
Wellingborough, Northants. NN8 4LW