# Membership Renewal Form

# Northern Area Community Network

## Membership 2020/2021

**Membership Form**

Application

Membership Fee: FREE for this year

|  |  |
| --- | --- |
| 1. **Name of Group:**
 |  |
| Address: |  |
| Postcode: |  |
| Telephone No.: |  |
| E-mail: |  |
| Website: |  |
| Facebook: |  |
| Charity Registration Number: |  |

1. **Details of Members**

|  |  |
| --- | --- |
| **Chairperson Name:** |  |
| Address: |  |
| Tel. No: |  |
| Email:  |  |

|  |  |
| --- | --- |
| **Secretary Name:** |  |
| Address: |  |
| Tel. No: |  |
| Email:  |  |

##

**3.** As part of your membership you can avail of direct support for your group, does your group request a visit from a Project Officer from NACN?

YES NO

**4. Declaration**

**Membership / Service User Declaration**

NACN collects personal information when you register with us, place a booking for, or access a grant, information or service. We will use this information to provide services requested, maintain records and compile statistics as required by funders and under relevant law. For more information explaining how we use your information please see our Privacy Policy www.nacn.org . A hard copy is available on request.

**NACN will NOT share your information with anyone else for marketing or for any other unlawful purposes.**

I am authorised by the group to apply for Membership of NACN (in accordance with the Charities Act (NI) 2008) and give consent for NACN to make contact.

**Signed: *………………………………………… Date:.…………………..………***