

SICM Affiliate Membership Form

Organisation information

Name and legal entity:

Year founded:

Website:

Phone number:

E-mail address:

E-mail is the main way in which we contact you. Please ensure this is clear and correct.

Charity number:

Location Address:

Correspondence Address:
(if different)

Reason for application:

Your Details:

First name(s):

Surname:

Gender:

Male

Female

Date of birth:

Address:

Phone number:

Mobile number:

E-mail address:

Your e-mail address is the main way in which we contact you. Please ensure this is clear and correct.

References:

1. Name:

Phone:

2. Name:

Phone:

Signed / Capacity:

Date:

Prospective Affiliate representative
signature

Signed:

Date:

Executive Committee Member's signature