**Community CVS - Membership Form**

**About Your Community Group or Organisation**

|  |
| --- |
| **Contact Name:** |
| **Organisation/ Group:** |
| **Address:** |
| **Website:** |
| **Telephone Number:** | **Mobile Number:** |
| **Email:** |

**Brief Description of Your Group/Organisation’s Aims & Activity.**

(we will use this information as the basis for promoting your group to others)

|  |
| --- |
|  |

**Data Protection and Privacy Statement**

Data Protection Act 2018 All information you have provided will be held in manual and electronic formats and only be used in line with the Data Protection Act 2018. The information will be used to contact you with regards to your interest CVS Membership and for CVS to use the personal contact details to contact the organisation by telephone, text, e-mail or post on all matters relating to the organisation**.**

We will keep the information ‘live’ on our information systems for as long as you are registered with us and will keep archived information for the length of time required by funders for audit purposes only. You have the right to withdraw consent to part or all of the above at any time by contacting Clair Bloomfield details below.

Blackburn with Darwen Council for Voluntary Service trading as Community CVS is the data controller and is registered on the Data Protection Register (Z1938345). We will not share or divulge your details to any other third parties without your expressed consent. You have a right to access your information by writing to Clair Bloomfield, Community CVS, Boulevard Centre, 45 Railway Road, Blackburn. BB1 1EZ email clair.bloomfield@communitycvs.org.uk Tel: 01254 583957. Further information about your rights and how we handle date can be found on our website:

<http://www.communitycvs.org.uk/contact/privacy-notice/>

**STATEMENT OF GIVING CONSENT**

**Signature below of the person consenting for CVS to use their personal contact details to contact the organisation by telephone, text, e-mail or post on all matters relating to the organisation and gives consent to the terms and conditions of CVS membership – which can be accessed at**

<http://www.communitycvs.org.uk/about/membership/>

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
|  |  |  |

**CONSENT TO SHARE PERSONAL CONTACT INFORMATION WITH EXTERNAL THIRD PARTIES**

If the person is willing for Community CVS to share their contact details with other CVS members, residents and potential volunteers who are interested in contacting the group, please sign to give your consent below.

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
|  |  |  |

**Supporting Documentation Checklist**

The following supporting information/documents are required and **must** accompany your application otherwise it will **not** be processed or considered for membership.

|  |  |
| --- | --- |
| Checklist of Required Supporting Documentation | Please Tick (🗸) |
| A copy of your group’s constitution, governing document or set of rules **(essential)** |  |
| A list of names, addresses and relevant e-mail contacts (if applicable) of who is on your management committee **(essential)** |  |
| A copy of your group’s most recent accounts/financial statements (if you have been running for over a year) |  |
| A copy of your group’s last annual report (or something that describes what activity you have undertaken that has benefited the local community) **(desirable)** |  |
| A copy of the group’s bank statement (within the last 3 months) (if you are a new organisation and do not have a bank or credit union account yet – your membership will be provisional until we receive a copy of a bank statement or credit union statement. |  |