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**CVS Membership Form**

**Brief Description of Your Group/Organisations Aims & Activities:**

**About Your Community Group/Organisation**

**Contact Name:**

**Position:**

**Group/Organisation Name:**

**Address:**

**Postcode:**

**Website:**

**Telephone: Mobile:**

**Email:**

**Statement Confirming that your organisation wishes to become a member of CVS and Meets and Agrees to abide by the Conditions of Membership:**

**Name:**

**Role in Organisation:**

**Signature:**

**Date:**

**DATA PROTECTION AND PRIVACY REQUIREMENTS**

**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 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 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: STATEMENT OF GIVING CONSENT

**Statement of 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.

**Name:**

**Signature:**

**Date:**

**CONSENT TO SHARE PERSONAL CONTACT INFORMATION WITH 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:**

**Conditions of Membership**

**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.** |  |
| **Confirmation that you have an active committee involved 3 or more people that govern your organisation.** |  |
| **A copy of your group’s most recent accounts/financial statements** |  |
| **If you do not have accounts, a copy of a bank statement for a period within the last 3 months – which clearly shows the name of the organisation on the bank statement** |  |
| **A copy of your group’s last annual report or project report (or something that describes what activity you have undertaken that has benefited the local community)** |  |

**For Office Use:**

**CVS Member Reference Number:**

 **Approved:**

 **Date:**

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