

# Associate Membership - Application Form

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**Criteria:** Associate Membership is open to those organisations who do not meet the criteria to become full members (ie are not: “charitable organisations who are concerned with the provision of care for children and young people”.)

## Organisation details

Name:

Address:

Postcode:

Registered Charity Number:

Registered Company Number (if applicable):

Name and title of Chief Executive/Director:

Telephone:

Fax:

Contact email address:

Website:

Date founded:

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**Please briefly explain the objectives and activities of your organisation**

**What is your mission statement?**

Approximate number of children, young people or families reached through your work (if any):

Number of Staff

Full time

Part time

Volunteers

Please provide your audited income for the last financial year:

£

**Children England Associate Membership Subscription from 1<sup>st</sup> April 2011-31<sup>st</sup> March 2012**

** Annual Income		Annual Fee	Please tick
Category A	Over £5million	£950.00	
Category B	£1million-£5million	£300.00	
Category C	£0k-£1million	£100.00	

Please invoice

Please find enclosed cheque for £ \_\_\_\_\_

All cheques to be made payable to 'Children England'

Please tell us how you heard about us



Please return this form by email to [lisa@childrenengland.org.uk](mailto:lisa@childrenengland.org.uk)

Or post to: Children England, Unit 25, Angel Gate, City Road, London EC1V 2PT  
Telephone: 020 7833 3319 Email: [membership@childrenengland.org.uk](mailto:membership@childrenengland.org.uk)