

**MEMBERSHIP APPLICATION - INDIVIDUAL
2011 - 2012**

SURNAME:
 GIVEN NAMES: PREFERRED:
 ADDRESS:
 POST CODE: E-MAIL:
 TELEPHONE: (H)(W) (M).....

Acceptance

I wish to apply for FULL / ASSOCIATE membership of Northern Carers Network and accept the Vision, Mission and Objectives of the organisation. This membership entitles me to access services provided by the NCN.

Signed Date

FULL MEMBERSHIP

Full members shall be those persons who agree to **actively participate** in the NCN and participate in the meetings of the organisation including the Annual General Meeting, Special General Meetings and Extraordinary meetings.

ASSOCIATE MEMBERS

Associate members shall be those persons who have an interest in the organisation but do not wish to attend organisational meetings or actively participate in organisational matters.

Note

1. Membership of Northern Carers Network Inc is renewable annually *(you must renew your membership by completing this form yearly)*.
2. Only Full members and Volunteers who have responded to this application are eligible to vote at the AGM and Special Meetings.
3. Do you wish to receive a newsletter Yes No

If YES - how would you like receive it, by Post or Email *(Please supply email address: _____)*

| Office Use Only | |
|-----------------|----------------------------|
| Date | Status (full/assoc.) |