



# MEMBERSHIP APPLICATION

Please complete and return to the address at the bottom of page 2

New Member

Renewal

Please insert the name of the High School catchment area in which your organisation operates:

.....

1. Name of Organisation/Group

County schedule of Voluntary Youth & Community Groups Number

**NB** If you do not know what your Schedule No. is, please contact Children's Services on **01603 222645**

2. Please provide the following statistical information:-

<b>Staff Numbers</b>	<b>Volunteers</b>	<b>16-19</b>	<input type="text"/>	<b>Paid Staff 16-19</b>	<input type="text"/>
		<b>20+</b>	<input type="text"/>	<b>20+</b>	<input type="text"/>
<b>Young People Numbers</b>	<b>Female U11</b>	<input type="text"/>	<b>Male U11</b>	<input type="text"/>	
	<b>Female 11 to 12</b>	<input type="text"/>	<b>Male 11 to 12</b>	<input type="text"/>	
	<b>Female 13 to 16</b>	<input type="text"/>	<b>Male 13 to 16</b>	<input type="text"/>	
	<b>Female 17 to 19</b>	<input type="text"/>	<b>Male 17 to 19</b>	<input type="text"/>	
	<b>Female 20+</b>	<input type="text"/>	<b>Male 20+</b>	<input type="text"/>	

3. Names and addresses of **2** members of your organisation/group prepared to represent you.

**Please note** that the first representative listed will be considered the main contact for NCVYS information distribution. Details of Council / Networking meetings and the Norfolk CVYS News will be sent to **both** representatives.

1 Name (Main Contact)

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Address

Post Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e.mail: \_\_\_\_\_ Tick this box if you would **NOT** like us to circulate information to you electronically

2 Name (2<sup>nd</sup> Representative)

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Address

Post Code

Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

e.mail: \_\_\_\_\_ Tick this box if you would **NOT** like us to circulate information to you electronically

4. **Subscription** enclosed      **£30** membership for the year **1 April, 2009 – 31 March 2010**  
made payable to **Norfolk CVYS**

**Declaration** Our organisation / group, if accepted into membership of the Norfolk Council for Voluntary Youth Services, agrees to abide by the constitution of Norfolk CVYS.

**Signed**..... (please print name .....)

Position in Org. .... **Date**.....

Please complete, sign and return to:-  
**Norfolk CVYS,**  
**Youth Work Development Unit, School Lane, Sprowston, Norwich, Norfolk,**  
**NR7 8TR**  
**Tel: 01603 423995 Fax: 01603 416079**  
**e.mail: [info@norfolkcvys.org.uk](mailto:info@norfolkcvys.org.uk) website: [www.norfolkcvys.org.uk](http://www.norfolkcvys.org.uk)**

**Data Protection Act 1998**

The information provided will be stored on a database and will be used for the administration and delivery of services, including Norfolk CVYS mailings and for no other purposes. All personal information will be held in the strictest confidence. It will not be made available to any third party other than those directly concerned with Norfolk CVYS.

Working in partnership with NCC  
Children's Services

