**Community Action Dacorum – Communities**

**Membership application form 2024/25**

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*Once in membership you will receive an annual invoice in April. Please notify us by the end of March if you wish to cancel your membership.*

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| 1. Name *Please provide the preferred name of the organisation, service or project* | |
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| 2. Main Contact & Address | |
| **Address:** | **Tel:** |
|  |  |
|  | **Website:** |
| **Town:** | **Other numbers:** *(eg Helpline)* |
| **County:** |  |
| **Postcode:** |  |
| **Contact Name:** *(this person will receive Support4dacorum and Community Action Dacorum mailings)*  **Position:** | |
| **Contact phone:** *(if different from above)* | |
| **Mobile:** | **Email:** |
| **Is the above a Home address? YES / NO** |  |

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| Contact name for finance/invoices | Contact name for Community Transport | Contact name for volunteering opportunities/co-ordinator |
| Name | Name | Name |
| Address  Postcode | Address  Postcode | Address  Postcode |
| Telephone:  Email: | Telephone:  Email: | Tel  Email |
| **Tick to receive our newsletter 🞎** | **Tick to receive our newsletter 🞎** | **Tick to receive our newsletter 🞎** |

Please complete the following sections as best you can. This information helps us deliver appropriate and targeted services to your organisation, and helps us understand and represent the voluntary and community sector.

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| 3. Organisation activity Please tick (to left of description) ALL relevant activities/services you provide: | | | | | |
|  | Day Care |  | Environment/ wildlife |  | Emergency relief/ development |
|  | Alcohol/ substance abuse |  | Employment support |  | International aid |
|  | Animal welfare |  | Financial Services |  | Faith groups |
|  | Arts/Culture/Performance |  | Fundraising |  | Recreation/ leisure |
|  | Campaigning |  | Learning disabilities |  | Hall hire |
|  | Children and young people |  | Health/ medical |  | Safety/crime reduction |
|  | Counselling/ mentoring |  | Heritage/conservation |  | Offenders support |
|  | Domestic violence |  | Housing / Homelessness |  | Sport/exercise |
|  | Education/training |  | Refugees/Asylum seekers |  | Elderly welfare |
| Other than above, please specify here: | | | | | |

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| 4. Beneficiaries: Please tick (to left of description) all beneficiaries of your services | | | | | |
|  | Carers |  | People facing economic hardship |  | Refugees/Asylum seekers |
|  | Children up to 11 |  | People overseas |  | Services/ex-services personnel |
|  | Children up to 5 |  | People with addiction issues |  | Unemployed/ low-skilled |
|  | Faith Community |  | People lonely and isolated |  | Women |
|  | Families |  | People with learning difficulties |  | Young People up to 16 |
|  | Homeless |  | People with mental health needs |  | Young people 16 + |
|  | Local people/neighbourhood |  | People with mobility needs |  | Young people under 26 |
|  | Marginalised individuals |  | People with sensory deprivation |  |  |
|  | Older people |  | Prisoners/ ex- offenders |  |  |
| Other, please specify here: | | | | | |

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| **5**. Organisation types Please tick (✓) appropriate field(s) | | | | | | | |
|  | Un-incorporated association-registered as a charity |  | Public Sector Body |  | Community Centre | | |
|  | Un-incorporated small charity not registered with the charity commission |  | Community representation group |  | Education Sector Body | | |
|  | Charitable company [limited by guarantee] |  | Housing Association |  | Sports club | | |
|  | Charitable incorporated org [CIO] |  | Informal group or project |  | Tenants/Residents Association | | |
|  | Charitable Trust |  | Limited company and social enterprise |  | BME organization | | |
|  | Community Interest Co [CIC] |  | Mutual/ Friendly/ Co-operative Society |  | Social enterprise | | |
|  | Faith group |  | Parent Teacher Association |  | Other | | |
| Other above, please specify here: | | | | | | | |
| Are you a registered charity? | | | |  | Yes |  | No |
| If “Yes”, please provide your registration number: | | | | | | | |
| Are you a company? | | | |  | Yes |  | No |
| If “Yes”, please provide your company registration number: | | | | | | | |
| **What form of governing document(s) does your organisation / group have?** | | | | | | | |
|  | Constitution |  | Memorandum & Articles of Association |  | Equal Opportunities Policy | | |
|  | Set of Rules |  | Trust Deed |  | Other | | |
| If you ticked “Other” above, please specify here: | | | | | | | |

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| **6**. Resources: This information helps us better understand the needs of and resources available to the voluntary sector | | | | | |
| Please tick (to the left) where you organisation gets its MAIN or significant sources of funding from | | | | | |
|  | District Council |  | Grants (i.e. Lottery, Trusts) |  | Sales / Income generation |
|  | County Council |  | Donations |  | Sponsorship |
|  | Regional / Central Govt |  | Fundraising activities |  | Unfunded |
|  | European Programmes |  | Membership fees |  |  |
|  | Contracts / Service Agreement |  | Parent Organisation |  |  |
| Other, please specify here: | | | | | |

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| **7**.Please indicate (to left of amount) the approximate annual income of your organisation | | | | | | | | |
|  | Under £1,000 |  | £5,000 - £10,000 |  | £25,000 - £50,000 | |  | £100,000 - £500,000 |
|  | £1,000 - £5,000 |  | £10,000-25,000 |  | £50,000 - £100,000 | |  | Over £500,000 |
| Staff and Volunteers | | | | | |  | | |
| How many paid full-time staff does your organisation employ? | | | | | |  | | |
| How many paid part-time staff does your organisation employ? | | | | | |  | | |
| How many Volunteers are involved with your organisation? | | | | | |  | | |
| How many Management Committee/Trustee members do you have? | | | | | |  | | |

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| **8. Equality and Diversity** |
| Support4Dacorum champions diversity and is committed to the principles of equality, diversity and inclusion amongst our staff teams, volunteers, membership and the services we deliver. We aim to work with voluntary/community groups and other organisations whose equality and diversity principles are compatible with our own. Please enclose a copy of your Equality and Diversity Policy with this application. If your group has no existing policy you can request a copy of our policy to abide by, or contact us for support in developing your own policy by emailing [helen@communityactiondacorum.org.uk](mailto:helen@communityactiondacorum.org.uk)  □ ***We have attached/enclosed our own equality and diversity policy*** |
| **10. Data Protection- in line with General Data Protection Regulations [GDPR]** |
| *We provide a range of services to benefit local voluntary organisations and community groups which sometimes involves providing the organisational details in Section 3 to third parties. This would normally be people from other agencies who share our aims, or members of the public. Please indicate below if you wish your organization to get this publicity and inclusion on the Support4Dacorum community database of services in the borough.*   |  |  | | --- | --- | | □ | **Tick if you want your organisations information published on our own community database to promote your work to the public** | |

🞏 We wish to apply for membership of Community Action Dacorum @ £40 per year including VAT

**Payment can be made by any method below**

🞏 I have paid via BACS to Metro Bank sort code: 23-05-80, Acc No: 13424772 [please quote group name]

🞏 I have paid by debit/credit card – via support4dacorum website <http://support4dacorum.org.uk/>

🞏 I will pay by cheque at 48 High Street, Hemel Hempstead HP13AF

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| **Signed:** | **Name:** |
| **Position:** | **Date:** |

**Please return this form together with a copy of your constitution/governing document to** [**kerry@communityactiondacorum.org.uk**](mailto:kerry@communityactiondacorum.org.uk) **or** [**loretta@communityactiondacorum.org.uk**](mailto:loretta@communityactiondacorum.org.uk)

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