

Registered Charity No. 1126638

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APPLICATION FOR MEMBERSHIP

Important! Please answer this question before proceeding with the rest of the application form

What type of membership are you applying for?

Full Membership

Associate Membership

SECTION 1 – ORGANISATION DETAILS

1. NAME OF ORGANISATION: _____
2. FULL POSTAL ADDRESS: _____

3. TELEPHONE: _____
4. FAX: _____
5. E-MAIL: _____
6. WEBSITE: _____
7. CONTACT PERSON(S) FOR THIS APPLICATION AND FURTHER CORRESPONDENCE:

CONTACT 1

NAME: _____

POSITION: _____

TELEPHONE: _____

MOBILE: _____

E-MAIL: _____

FULL POSTAL ADDRESS: _____

CONTACT 2

NAME: _____

POSITION: _____

TELEPHONE: _____

MOBILE: _____

E-MAIL: _____

FULL POSTAL ADDRESS: _____

2. YEAR OF ESTABLISHMENT: _____

3. CHARITY REGISTRATION NUMBER: _____

4. YEAR OF REGISTRATION WITH THE CHARITY COMMISSION: _____

5. GOVERNANCE STRUCTURE (Please let us know how your organisation is governed.

Please attach an Organisation Chart):

6. NAME, RESIDENTIAL ADDRESS, CONTACT DETAILS OF THE

PRESIDENT/CEO/DIRECTOR OF THE ORGANISATION:

3. IS YOUR ORGANISATION A MEMBER OF ANY OTHER ENTITY? (Please provide details)

4. ANNUAL EXPENDITURE OF YOUR ORGANISATION (INCLUSIVE OF EXPENDITURES AND REVENUES):

NAME AND POSITION OF THE PERSON RESPONSIBLE FOR THIS APPLICATION:

Signature:

NAME OF PRESIDENT/CEO/DIRECTOR:

Signature of PRESIDENT/CEO/DIRECTOR:

DATE: _____