

Membership Application Form

Please complete this form and return it to the postal or email address above.

Name of Organisation _____

Primary Contact Person

Title: _____ Forename(s): _____

Surname: _____

Address: _____

Town/City: _____ Postcode: _____

Telephone: _____ Email: _____

Website: _____

Secondary Contact Person

First Name: _____

Last Name: _____

Position: _____

Your Organisation

Mission Statement _____

When was your organisation founded? _____

How many Executive Committee Members / Trustees do you have? _____

of Parents _____ # of Survivors _____ of Professionals _____

How often does your Executive Committee meet? _____

How Many Members does your organisation have? _____

How many local groups does your organisation have? _____

Please list the activities or services your organisation provides

What activities or services do your local groups provide (if any)

What is the total annual budget of your organisation? _____

What is the organisation's main source of funding?

How many paid staff do you have? _____

What are the titles and roles of your paid staff?

Name of Chairperson _____

Signature _____ Date _____

Please return this completed form to
CCPA, The Hub, 17 Eastgate Street, Stafford ST16 2LZ
or email it to Rachael Olley at ro@ccpa.org.uk
If you have any membership queries, please call Rachael on
T: 01785-283-435 / M: 07982-426-142