

Membership Information

Name of group:

Contact name: **Position:**

Contact Address:

Postcode:

Telephone No.:

E-mail:

Do you have a website? Yes / No **Facebook: Yes / No** **Twitter: Yes / No**

If yes, please give details:

Chairperson of group:
(if not group contact)

E-mail:

Secretary of group:
(if not group contact)

E-mail:

Tell us a little about your group:

Frequency of meetings:

Do you have charitable Status? Yes / No

Month of AGM:

Scottish Charity No:

Date form completed: