

Membership Application Form

(Please complete both sides of the form)
Name of Organisation:
Primary Contact Name:
Title of post held:
Address (inc. postcode):
Email:
Website address:
Telephone Number:
OSCR/ Charity Commission registration number:

Membership Details:

Are you applying for \Box Full membership \Box Associate membership \Box Affiliate membership



Registered **SCIO** SC050813 Constitution.

Please note that by agreeing to become a member (full or associate) you are agreeing to become a member of the SCIO and to accept the duties and obligations of members as in the SCIO



Income band most applicable to your organisation (please refer to supporting documentation):

Brief Description of your organisations activities:

Any other relevant information?

Informal enquiries and completed forms should be sent to Anna Bennett WS, Co-ordinator, Scottish Grantmakers -

scottishgrantmakers@wssociety.co.uk



SCIO

SC050813

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