



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 Full membership Associate membership Affiliate membership

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 Pauline McGlinchey,
Administrator, Scottish Grantmakers –
pauline.mcglinchey@therobertsontrust.org.uk