

## individual/associate membership form

Mr/Mrs/Ms/Miss	Surname	Fore	ename			
Address						
		Pos	stcode			
Phone [Home]	ome][Work]					
Fax	[e-mail]					
Ethnic origin[we would be grateful if you						
I am willing to have the abov circulated within the REC.	e contact details to be		YES		NO	
Having read the Articles & for the Race & Equality Ce						
As an individual voting member of the centre:  (on the understanding that if my application cannot be accepted because the number or proportion of individual members has reached the limit, I may be offered associate membership)		YES		NO		
As an associate member living outside the centre's area of benefit:		YES		NO		
In doing so I declare that:	:					
I am fully supportive of the Requality of opportunity and gachievement.						
I understand and accept the	responsibilities which fa	II on members	associate me	mbers.		
Signature	Da	ate				
Office use only: Date received Signature of MSC members:.	·	-	Date of MSC			

to help us learn more about our members we would be grateful if you could take a few minutes to provide some details about you including any specific skills you can bring to the REC.					

Cheshire Halton & Warrington Race & Equality Centre

Once your application is received we will write to confirm receipt and to tell you the date of the next membership sub-committee meeting when your application will be considered.

If your application is rejected we will explain the reasons why. In such event you have a right to appeal to the full executive committee.

## Please return this form to:

Cheshire, Halton & Warrington Race & Equality Centre H\Y'l b]hm7YbhfYž'%+ '7i dd]b 'GhfYYhž'7\YghYfž'7<%&6B' Telephone: 01244 400730, Fax: 01244 400722

E-mail: <u>office@chawrec.org.uk</u>