APPLICATION FORM FOR SOCIETY MEMBERSHIP OF ACWW (Category 4)

SECTION 1: CATEGO	ORY (Please tick th	ne box for the category you	are applying for - check the note	s section for guidance)				
CATEGORY 4	(Please see	separate form if y	ou wish to apply for Ca	itegory 1, 2 or 3)				
SECTION 2: CONTACT DETAILS								
YOUR SOCIETY NAM	IE:							
YEAR OF FOUNDATION:			APPLICATION DATE:					
POSTAL ADDRESS:								
ZIP / POSTAL CODE:			COUNTRY:					
CONTACT PERSON N	IAME:							
POSITION IN THE SC	OCIETY:							
TELEPHONE NUMBER:								
CELLPHONE NUMBE	ER:							
EMAIL ADDRESS (1)	:							
EMAIL ADDRESS (2)	:							
SKYPE ADDRESS:								
What is the best way contact your society?		Email	Post	Telephone				
How often are you ab check your emails?	le to	Daily	Weekly	Monthly				

Please inform ACWW Central Office if your contact details change.

ACWW, The Foundry, 17 Oval Way London SE11 5RR, UK

SECTION 3: YOUR SOCIETY							
How many people do you represent?		How many are women?					
Are the Officers of your society	Yes	No					
If not, how are your Officers chosen?							
What are the main aims of your society? What was it created to do?							
Please describe briefly the main activities of your society:							
Is it a Local society? Are you based in a:	Town	Village	Other (What?)				
Is it a Provincial society? Are you based in a:	State	Province	Other (What?)				
Is it a National Society?	Yes	No					
If you are a National Charity, please give Registration number:							
Are your Society Members	your Society Members Individual People		Other Societies				
Website Address:							
Facebook Address:							
How does your society expect to benefit from membership of ACWW?							
How do you expect to contribute to the work of ACWW?							
Signed:							
Position Held:							

SECTION 4: WHAT TO SEND

The Society must send this completed Application Form with your payment of £41

This must be sent to: ACWW Central Office by email to: office@acww.org.uk