

**CHILDREN IN NORTHERN IRELAND
MEMBERSHIP APPLICATION FORM**

- ❖ **Please return the completed form, along with a copy of your Constitution/Memorandum & Articles of Association and Annual Report, to:**

Children in Northern Ireland
Unit 9, 40 Montgomery Road
Belfast
BT6 9HL

Organisation Name: _____

Organisation Address: _____

Post Code: _____

Telephone Number: _____

Fax Number: _____

Web Site Address: _____

Brief Description of your Organisation: _____

MAIN CONTACT DETAILS

Name of Contact Person: Mr/Mrs/Miss/Ms _____

Email Address: _____

OTHER CONTACTS

(Training)

Contact Name: Mr/Mrs/Miss/Ms _____

Address if different from above: _____

Post Code: _____

(Contact for Members' Meeting Information)

Contact Name: _____

Address if different from above: _____

Post Code: _____

Email Address: _____

[**N.B.** please ensure you provide us with **email addresses for each contact** as CiNI frequently corresponds with Members via email]

MEMBERSHIP FEES

Category	Turnover £000s	Fee	Please Tick
1	Less than 75	£50.00	
2	75 - 250	£100.00	
3	250 - 500	£150.00	
4	500 +	£250.00	
5 Associate Membership		£150.00	

Please indicate your organisation's category.

I confirm that you may list my organisation as a member of 'Children in Northern Ireland'. - (Please tick)

I confirm that you may display my organisation's web address as a link on the 'Children in Northern Ireland' website - (Please tick)

PLEASE INCLUDE A COPY OF YOUR CONSTITUTION/MEMORANDUM & ARTICLES OF ASSOCIATION AND PLEASE SEND US YOUR ANNUAL REPORT, FOR EACH CORRESPONDING YEAR OF MEMBERSHIP.

Signed: _____

Date: _____

Thank you for completing this form!

We will notify you once your application has been approved.

Upon approval, an invoice in respect of membership fees of **Children In Northern Ireland** should be sent to:

Name: _____

Address: _____

Post Code: _____