

ORGANISATION MEMBERSHIP INFORMATION

Organisation Name	
Contact Name	
Business Address (including postcode)	
Job Title or Voluntary Position	
Business Email Address	
Business Telephone Number	
Organisation Website	
Number of members of your organisation	
Signature	
Date	

Which community activities are your organisation involved in?

How would you like to be involved with VoEF?

Members meetings Events Representation
 Consultations Projects Information

Preferred form of communication from Voice of Experience Forum

Email *if you would prefer us to contact you via email, please ensure
that your email address is completed above*
 Letter

I authorise Voice of Experience Forum to use my likeness in photographs/videos taken at events which I attend.

By signing this application for membership, I authorise Voice of Experience Forum to securely retain my details for use in their organisations' activities only.

Membership is FREE and your details are not passed onto any other groups or organisations.