

National Equine Welfare Council

APPLICATION FORM - FULL MEMBERSHIP

(Please PRINT clearly and complete ALL sections. Referring to other documents is not acceptable)

NAME OF ORGANISATION	
CHARITY REGISTRATION NUMBER Date of registration	
ADDRESS	Post Code:
TELEPHONE NUMBER (including STD Code)	
FAX NUMBER	
E-MAIL ADDRESS	
WEB SITE ADDRESS	
DIRECTOR / CHIEF EXECUTIVE / CHAIRMAN / MANAGER	
SECRETARY / ADMINISTRATOR	
TREASURER	
TRUSTEES	
PATRON	
SOLICITOR	Name: Address:
BANK DETAILS	Name: Address: A/C No: Sort Code:
DATE ORGANISATION FOUNDED	
AIMS & OBJECTIVES	

STAFF NUMBERS	Full Time		
	Part Time		
	Volunteer		
	Other (Please specify)		

SIGNATURE OF CONTACT	SIGNATURE	SIGNATURE
POSITION IN ORGANISATION	CHAIRMAN OF TRUSTEES	TRUSTEE
DATE:	DATE:	DATE:

Please send this application together with copies of:

- (a) the last full years accounts
- (b) Governing Document / Constitution and
- (c) the latest Newsletter or Annual Report to:-

NEWC, Stanton, 10 Wales Street, Kings Sutton, Banbury, Oxon, OX17 3RR
Enquiries: Tel/Fax: 01295 810060 E-mail: application@newc.co.uk

- NOTES:**
1. PLEASE DO NOT SEND ANY MONEY WITH THIS APPLICATION
 2. ACKNOWLEDGEMENT OF RECEIPT WILL NORMALLY BE SENT WITHIN 14 WORKING DAYS
 3. PLEASE NOTE THAT APPLICATION FORMS ARE NOT ACCEPTED ELECTRONICALLY