



NATIONAL EQUINE WELFARE COUNCIL
APPLICATION FORM – FULL WELFARE MEMBER

NAME OF ORGANISATION	
CHARITY REGISTRATION NO.	
Date of registration	
ADDRESS	Post Code:
TELEPHONE NUMBER (including STD Code)	
FAX NUMBER (including STD Code)	
E-MAIL ADDRESS	
WEB SITE ADDRESS	
DIRECTOR/CHIEF EXECUTIVE/ CHAIRMAN/MANAGER (Please state)	
SECRETARY (please supply contact details if different from those given above)	
TREASURER (please supply contact details if different from those given above)	
TRUSTEES	
PATRON	
SOLICITOR	
BANK DETAILS	



DATE ORGANISATION FOUNDED			
AIMS & OBJECTIVES			
STAFF NUMBERS	Full Time Part Time Volunteer Other (Please specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

<i>SIGNATURE</i>	<i>SIGNATURE</i>	<i>SIGNATURE</i>
<i>CONTACT /POSITION</i>	<i>CHAIRMAN OF TRUSTEES</i>	<i>TRUSTEE</i>
<i>DATE</i>	<i>DATE</i>	<i>DATE</i>

Please enclose with this application:-

1. The last full years accounts
2. Governing Document / Constitution
3. Latest Newsletter or Annual Report, and send to:-

NEWC, Abbey Park, Stareton, Kenilworth, Warwickshire, CV8 2XZ

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