**Membership Application Form**

*(Please complete both sides of the form)*

**Name of Organisation**: **………………………………………………………………………………………………………………..**

**Primary Contact Name: ………………………………………………………………………………………………….**

**Title of post held: ……………………………………………………………………………………………………………**

**Address (inc. postcode): ………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………………………..**

**………………………………………………………………………………………………………………………………………..**

**Email: ………………………………………………………………………………………………………………………………**

**Website address: ……………………………………………………………………………………………………………**

**Telephone Number: ……………………………………………………………………………………………………….**

**OSCR/ Charity Commission registration number: ………………………………………………………….**

**Membership Details:**

Are you applying for € Full membership € Associate membership € Affiliate membership

**Income band most applicable to your organisation** *(please refer to supporting documentation):*

**…………………………………………………………………………………………………………………………………………………….**

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| **Brief Description of your organisations activities:** |
|  |
| **Any other relevant information?** |
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Informal enquiries and completed forms should be sent to Anna Bennett WS, Co-ordinator, Scottish Grantmakers –

scottishgrantmakers@wssociety.co.uk