

P.O. Box 356 St Helier Jersey JE4 9YZ Tel/Fax: (01534) 840138

**Application for Membership**

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| **Please write in BLOCK capitals and return to the above address or complete on line at www.jerseycharities.org** |

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| Name of Organisation: | | |  | | | | | Established Date: | |  |
| Correspondence Address: | | | | | | | | | | |
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| **Correspondence Details:** | | | | | | | | | | |
| Main Contact person: | |  | | | | Patron: | | |  | |
| Telephone: |  | | | | | Fax: | | |  | |
| Mobile: |  | | | | | | | | | |
| Email: |  | | | | | Website: | | |  | |
| **Current Officers, Positions Held and Duration in office** | | | | | | | | | | |
| Officers, positions held and durations of office | | | | | | | | | | |
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| Aims and Objectives: | | | | | | | | | | |
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| Description of Activities: | | | | | | | | | | |
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| Financed by: | | | | | | | | | | |
|  | | | | | | | | | | |
| Address of any property owned or leased: | | | | | | | | | | |
|  | | | | | | | | | | |
| Are Accounts Audited? | | | |  | Accountant: | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Incorporated: | |  | | Date of Incorporation: | |  |
| Number of Members: | |  | | Number of Paid Staff: | |  |
| Date of AGM: | |  | | Where are regular meetings held: | |  |
| Has your organisation been approved by Controller of Income Tax:  *(please note your application cannot be considered unless a copy of the Letter of Exemption is provided)* | | | | | | |
| NPO Registration Number: | | | | | | |
|  | | | | | | |
| Are you affiliated to UK Organisation:  *(If yes, please provide written confirmation from the UK Organisation)* | | | | | | |
| Please indicate which of the following your organisation takes part in: | | | | | | |
| Advice: | | | Counselling: | | Education: | |
| Fund raising: | | | Care Services: | | Other: | |
| Please attach a short written summary of your organisation and why it is seeking membership of the Association of Jersey Charities.  *Please note that this summary will form the basis of your application for membership and will be circulated to members for their consideration.*  **When returning this form please enclose the following (**I confirm that I have attached): | | | | | | |
|  | A copy of your organisation’s written constitution; | | | | | |
|  | A copy of your organisation’s latest financial accounts; | | | | | |
|  | A copy of the letter from the Comptroller of Income Tax confirming that your organisation qualifies as a charity under the Income Tax Law | | | | | |
|  | A copy of your NPO (Jersey) Law 2008 confirmation letter | | | | | |
|  | The written summary in respect of your application for membership | | | | | |
|  | A list of your current members (if appropriate) | | | | | |
| Any information the Association holds on a member is held in accordance with the requirements of the Jersey Data Protection Law. | | | | | | |

**Signed**

**Position**

**Date**