

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: |
|       |
| **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 |
|       |
| Aims and Objectives: |
|       |
| Description of Activities: |
|       |
| Financed by: |
|       |
| Address of any property owned or leased: |
|       |
| Are Accounts Audited?  | [ ]   | Accountant: |       |

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| 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**