

Membership application form

Please complete the information below for your Activity Alliance membership application. We will use your lead contact details below as the main point of contact.

Date

Organisation name

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| --- |
|  |

Lead contact

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |
| Email |  |

Organisation contact details

|  |  |
| --- | --- |
| Address |  |
| Tel number |  |
| Email |  |
| Website |  |
| Twitter |  |
| Facebook |  |

Membership category (check box):

Full member

Local member

Associate member

Individual member

If unsure, please tick this box

What is the focus of your organisation? (Max. 100 words)

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|  |

Please tell us about your organisation and work with disabled people? (Max. 100 words)

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Why does your organisation want to be a member of Activity Alliance? (Max. 100 words)

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How do you already engage with Activity Alliance? (This could be using our resources or through our programmes). Are you involved in any Activity Alliance networks? Please let us know below. (Max. 100 words)

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**Your checklist:**

We have completed the Membership Commitment form:

We have compiled a Lead improvement plan using Lead cards (Sport/leisure orgs only):

We agree to take part in Activity Alliance’s stakeholder surveys if and when required:

[Please sign up to our newsletter here](http://www.activityalliance.org.uk/join-our-newsletter)

**Activity Alliance office use only**

Membership Commitment signed Yes  No

Membership approved: Yes  No

If no, what must be reviewed or changed?

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|  |

Membership reference:

|  |
| --- |
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For regional members, which region?

East

East Midlands

London

North East

North West

South East

South West

West Midlands

Yorkshire

Relationship manager allocated:

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| --- |
|  |

Information updated on Salesforce:

Date accepted

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