



# BSWN Membership Application Form

Name of Organisation .....

Name(s) of Contact .....

Address of Organisation .....

Postcode .....

Telephone .....

Fax Number .....

Email .....

Website .....

How would you prefer to receive information from BSWN? (please tick):

By post

By email

By post & email

Please describe briefly the main aims/activities of your organisation.

.....  
.....  
.....  
.....

Please tick which category of membership applies to your organisation

Subscriber (S) FREE

Associate (AS) £30

Network (N) £30

Advocate (A) £60

If you are an Advocate Member please answer the following:

How many members are in your network/membership? .....

What groups are eligible to join? .....

.....  
.....

How often do you mail your network/members? .....

.....

## BSWN Membership Application Form continued.....

As a network member, are you prepared to circulate BSWN information to your members?

Yes  No

As a network member, are you prepared to copy BSWN information yourself for circulation?

Yes  No

If you are a **INDIVIDUAL** (not part of an organisation) Member, please list any networks of which you are a member

.....  
.....  
.....

What area is served by your organisation? Please tick all that apply

Bath / NE Somerset	<input type="checkbox"/>	Devon	<input type="checkbox"/>	Plymouth	<input type="checkbox"/>	Swindon	<input type="checkbox"/>
Bournemouth	<input type="checkbox"/>	Dorset	<input type="checkbox"/>	Poole	<input type="checkbox"/>	Torbay	<input type="checkbox"/>
Bristol	<input type="checkbox"/>	Gloucs	<input type="checkbox"/>	Somerset	<input type="checkbox"/>	Wiltshire	<input type="checkbox"/>
Cornwall / Isle of Scilly	<input type="checkbox"/>	North Somerset	<input type="checkbox"/>	South Gloucs	<input type="checkbox"/>	SW or National	<input type="checkbox"/>

What are the particular interests of your organisation? Please tick all that apply

Advice / Counselling / Advocacy	<input type="checkbox"/>	Gay and lesbian issues or groups	<input type="checkbox"/>
Arts, Culture & Media	<input type="checkbox"/>	Health	<input type="checkbox"/>
Black / Minority ethnic issues & groups	<input type="checkbox"/>	Housing / Homelessness	<input type="checkbox"/>
Community Centre	<input type="checkbox"/>	Immigration / Asylum	<input type="checkbox"/>
Community development	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>
Community Enterprise or Social Economy	<input type="checkbox"/>	Network / Umbrella Groups	<input type="checkbox"/>
Community Group	<input type="checkbox"/>	Older people	<input type="checkbox"/>
Community Safety	<input type="checkbox"/>	Play	<input type="checkbox"/>
Community /Voluntary sector development	<input type="checkbox"/>	Race Relations	<input type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	Rural development and regeneration	<input type="checkbox"/>
Disability issues/groups	<input type="checkbox"/>	Social welfare / Social care	<input type="checkbox"/>

## BSWN Membership Application Form continued.....

- |   |                          |                                    |                          |
|---|--------------------------|------------------------------------|--------------------------|
| Early Years / Childcare                 | <input type="checkbox"/> | Sports / Leisure                   | <input type="checkbox"/> |
| Education                               | <input type="checkbox"/> | Sustainable development            | <input type="checkbox"/> |
| Community Group                         | <input type="checkbox"/> | Transport                          | <input type="checkbox"/> |
| Environmental issues and sustainability | <input type="checkbox"/> | Urban development and regeneration | <input type="checkbox"/> |
| Equalities                              | <input type="checkbox"/> | Volunteering                       | <input type="checkbox"/> |
| Faith / Religious                       | <input type="checkbox"/> | Women's issues                     | <input type="checkbox"/> |
| Family / Children                       | <input type="checkbox"/> | Youth issues / Young people        | <input type="checkbox"/> |

Other (please specify) .....

.....

.....

**Is your organisation involved or interested in any of the following programmes and policy initiatives? Please tick all that apply?**

- |                                     |                          |                              |                          |
|-------------------------------------|--------------------------|------------------------------|--------------------------|
| Action Zones                        | <input type="checkbox"/> | New Deal for Unemployment    | <input type="checkbox"/> |
| Area Based Initiatives              | <input type="checkbox"/> | New Deal for Communities     | <input type="checkbox"/> |
| Connexions                          | <input type="checkbox"/> | New Start                    | <input type="checkbox"/> |
| European Funding Programmes         | <input type="checkbox"/> | Rural Development Programmes | <input type="checkbox"/> |
| Global grants / pre-matched funding | <input type="checkbox"/> | Single Regeneration Budget   | <input type="checkbox"/> |
| Learning & Skills Partnerships      | <input type="checkbox"/> | Voluntary Sector Compacts    | <input type="checkbox"/> |
| Local Strategic Partnerships        | <input type="checkbox"/> | Sure Start                   | <input type="checkbox"/> |
| New Commitment to Regeneration      | <input type="checkbox"/> | Neighbourhood Initiatives    | <input type="checkbox"/> |

Other (please specify) .....

.....

.....

*Please complete the declaration on the following page...*

## BSWN Membership Application Form continued.....

### Declaration

This organisation declares that the information above is correct and agrees to abide by the constitution and rules of the Black South West Network, Bristol (*A copy of the constitution is available on request*).

*To complete registration with BSWN, you will also need to fill out an Organisation Profile form. This can be done online once you have received your BNS username and password.*

Name: .....

Position: .....

Signature .....

Date: .....

*Please return to:*

**Black South West Network  
5 Russell Town Avenue  
Bristol BS5 9LT**

*BSWN Contact Details*

**Tel 0117 939 6648  
Fax 0117 9396647  
Email [bswn@bswn.org.uk](mailto:bswn@bswn.org.uk)**

*If you are a paying member please fill out the Standing Order Mandate on the following page...*

# STANDING ORDER MANDATE

To ..... Bank

Address .....

.....

.....

	BANK	BRANCH TITLE (NOT ADDRESS)	SORTING CODE NO.
Please pay			- -

	BENEFICIARY'S NAME	ACCOUNT NUMBER
For the credit of		

	AMOUNT IN FIGURES	AMOUNT IN WORDS
† The sum of	£	

	DATE AND AMOUNT OF FIRST PAYMENT		DUE DATE AND FREQUENCY
Commencing	* now	and thereafter every	

	DATE AND AMOUNT OF LAST PAYMENT	
* Until Quoting the reference	£	* Until you receive further notice from me/us in writing. and debit my/our account accordingly.

Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference.

SPECIAL INSTRUCTIONS									
ACCOUNT TO BE DEBITED					ACCOUNT NUMBER				

Signature(s) .....

Date .....

- Note: The Bank will not undertake to:
- (i) make any reference to Value Added Tax or other indeterminate element.
  - (ii) advise payer's address to beneficiary.
  - (iii) advise beneficiary of inability to pay.
  - (iv) request beneficiary's banker to advise beneficiary of receipt.

\* Delete if not applicable.

† If the amounts of the periodic payments vary, they should be incorporated in a schedule overleaf.

STD/MANDATE1