



SOUTH EAST LONDON & KENT COUNCIL OF MOSQUES

MEMBERSHIP APPLICATION FORM



If you require assistance or advice, please telephone 01689 851553 or email selkcom2017@gmail.com. Your membership status will run annually from the date that you joined SELKCOM. Please send the completed application form to: SELKCOM, Al-Emaan Centre, Croydon Road, Keston, BR2 8HF.

**PLEASE USE BLACK INK AND WRITE CLEARLY IN THE BOXES IN BLOCK CAPITALS.
ALL FIELDS ARE MANDATORY. PLEASE COMPLETE ALL FIELDS TO AVOID ANY DELAY IN PROCESSING YOUR APPLICATION.**

ORGANISATION DETAILS

Name:

Address:

City:

County: Postcode:

Phone:

Email:

Website:

ORGANISATION REPRESENTATIVES

Person(s) representing the organisation in contacting SELKCOM:

Main contact name:

Mobile:

Email:

2nd contact name:

Mobile:

Email:

ORGANISATION STATUS

Date established:

Does the organisation have a constitution? **YES:** **NO:** **if YES** please attach copy

Is there an annual report? **YES:** **NO:** **if YES** please attach a copy

Is your organisation a registered charity? **YES:** **NO:** **if YES** please provide the registration no:

