

## **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.

ORGANISA	ATION DETAILS
Name:	
Address:	
City:	
County:	Postcode:
Phone:	
Email:	
Website:	
<b>ORGANIS</b>	SATION REPRESENTATIVES
Person(s)	representing the organisation in contacting SELKCOM:
Main con	tact name:
Mobile:	
Email:	
2 <sup>nd</sup> contact name:	
Mobile:	
Email:	
ORGANISATION STATUS	
Date established:	
Does the organisation have a constitution? <b>YES: NO: If YES</b> please attach copy	
Is there an annual report? YES: NO: if YES please attach a copy	
Is your organisation a registered charity? YES: NO: NO: If YES please provide the	
registration no:	



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Is your organisation affiliated to or a branch of a parent body? <b>YES: NO:</b>
If YES, name of Parent Body:
Website:
Please describe the organisation's main activities:
rease describe the organisation's main activities.
CONFIRMATION:
I/We
NAME OF ORGANISATION'S REPRESENTATIVE(S)
Having read and accepted SELKCOM's Working Agreement, confirm that:
NAME OF ORGANISATION
a) Seeks to become a member of South East London and Kent Council of Mosques and will inform SELKCOM of any changes in our organisation and contact details, and
b) I/We hereby declare that the information provided above is complete and accurate.
SIGNATURE: DATE: / /
POSITION IN THE ORGANISATION:
SIGNATURE: DATE: / /
POSITION IN THE ORGANISATION:
OFFICE USE ONLY:
Date form received: / / Date form processed: / /
Form received by:
Form processed by:
Membership number: