

Membership Application Form April 2017 to March 2018

Organisation Individual



Name: _____

Address: _____

Postcode: _____

Tel No: _____ Fax No: _____

E-mail: _____

Annual Membership Fee:

Organisations: £40
Employed Individuals: £10
Unemployed Individuals: £5

ORGANISATIONS: Please provide a short statement about your organisation's purpose:

Contact Person: _____ Position: _____

INDIVIDUALS: If you wish to take an active role in the services and activities of Bawso, please tick the relevant section /s below:

Fundraising	{ }	Research	{ }	Volunteering	{ }
Supporting Women	{ }	Supporting Men	{ }	Supporting Children	{ }
Facilitating Workshops	{ }	Campaigning	{ }	Interpreting	{ }

I/ we agree to support Bawso

Signed: _____ Date: _____

Please make Cheque payable to **BAWSO** and return to:
Ellah Chirunga, Clarence House, Clarence Road, Cardiff, UK, CF10 5FB

Payment by BACS: UK Members
Payee: Bawso Ltd
Bank: The Cooperative Bank.
Sort Code: 089003.
A/C Number: 50082298.

Bank Identification Code :

Quote Ref: BAWSO Membership2017/18

International Members
Bawso Ltd
The Cooperative Bank
GB16CPBK 0890 0350 0822 98

CPBK GB22

BAWSO Membership 2017/18

THANK YOU.