## Membership Form for Levenshulme Old Library CIO

**Name: ………………………………..………………….**

**Organisation I represent (if any) ………………………………..………………….**

**Address:** ………………………………………………………………………………

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 ………………………………………………………Postcode………………

**Telephone Number:** ………………….…….…..

**E mail address**: …………………………………..…………………….……………..…

I agree to abide by the constitution and policies of Levenshulme Old Library CIO.

Signed………………………………… Date…………………

Age (if under 18)………..

# Types of membership

***Individual membership*** is open to residents living within our ‘area of benefit’ (roughly the M19 postcode: please check if unsure).

***Affiliate membership*** is for local groups, Associations and Organisations. In which case please say who will represent you above.

***Youth membership is for under 18’s.***

I/We wish to apply for membership in the following category (please tick one only, as you feel most appropriate)

(\_) INDIVIDUAL (\_) AFFILIATED (GROUP) (\_) Youth (Under 18)

**Nomination Form for people wishing to become a Trustee**

I, .....................................................................................…………*(name)*

of .....................................................................................…………*(address)*

 ...................................................Postcode: ....................................

wish to stand become a Trustee of Levenshulme Old Library CIO

I understand that I must follow rules laid down by the Charity Commission and within the Constitution, including being over 18.

I confirm that I am resident within the Area of Benefit as defined by the Constitution, and have completed a membership application form (*a copy of which is above*). I am over 18 years of age.

 Signed .............................................……………..… Date ..............................................

**I have/ would like to offer my skills in the following ways**

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**The time commitment I can offer:**

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