

**SANDWELL COMMUNITY INFORMATION AND PARTICIPATION
SERVICE LIMITED**

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Name and Address of Individual Member of S.C.I.P.S. Ltd

Title:

First Name:.....

Surname:.....

No and Road:.....

Area:.....

Town:.....Post Code:

Tel No.....

Age Group: (Please Circle) 25-29 30-44 45-59 60-74 75-over

Please specify your Ethnicity ie: White British, Black, Pakistani:.....

I confirm that I am a resident of the Metropolitan Borough of Sandwell. (See notes (1) and (2).

I agree to accept the memorandum and articles of Sandwell Community Information and Participation Service Limited.

LIMITED LIABILITY GUARANTEE

I will guarantee that I will contribute £1 to Sandwell Community Information and Participation Service Ltd ONLY in the event of the company being wound up. (See note (a).

Signed:.....

Date:

Please return to: - S.C.I.P.S. Ltd, NMC – 2nd Floor, 47 Birmingham Road, West Bromwich, B70 6PY or email Enquiries@scips.org.uk

CONDITIONS OF MEMBERSHIP.

- (1) It is a condition of membership that an Individual Member must be a resident of the Metropolitan Borough of Sandwell.
- (2) An Individual Member is not eligible for membership if they are already a TRA or Community Group member Voting Delegate.
- (3) It is important that any changes to an Individual Members details must be notified to SCIPS in writing.

GUIDANCE NOTES.

- (a) No money is payable now. The guarantee lasts throughout the Individual's membership. Once an Individual's membership is cancelled the guarantee continues for 1 full year. Once this full year has passed the Individual has no further liability to pay anything to SCIPS.
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For office use only:

1. All details completed ☐
2. Person is a resident of Sandwell ☐
3. Person is not an existing TRA Voting Delegate ☐

If 1, 2, and 3 are confirmed as okay then proceed to :-

(a) Enter details onto membership Database – Date entered_____ / Who Completed_____

(b) Membership Certificate No. _____ Membership Start Date_____