

SANDWELL COMMUNITY INFORMATION AND PARTICIPATION SERVICE LTD

APPLICATION FOR COMMUNITY GROUP MEMBERSHIP

Name of Community Group

.....

Please name one voting delegate and outline your Secretary's details, to whom correspondence will be sent (see conditions of membership note (1))

Name and Address of one voting delegate to SCIPS

(1) First Name:

Surname:

No. & /Road:

Area:

Town:

Tel No:

Post Code:

Position in Group:

Name and Address of the Secretary to the Group

First Name:

Surname:

No. & Road:

Area:

Town:

Tel No:

Post Code:

We agree to accept the memorandum and articles of Sandwell Community Information and Participation Service Ltd (available by request at the office or on SCIPS website www.scips.org.uk).

CONDITIONS OF MEMBERSHIP

- 1) Groups are entitled to send one voting delegate to S.C.I.P.S Ltd General Committee, EGM and Annual General Meetings. This voting delegate is eligible only if they are not an Individual Member of SCIPS.
- 2) If S.C.I.P.S. Ltd is not informed of a change of delegate in writing; the new delegate will have no power at General Meetings until written notification is received.
- 3) ***Groups should be non-governmental.***
- 4) ***The activities of the group should be non-political.***
- 5) ***The group should exist for the benefit of Sandwell residents***
- 6) ***The Board of Director's reserve the right to accept or decline membership requests***

Please answer the following questions about your group. If you need any help or advice please contact SCIPS.

1. Does your group have a constitution or set of rules? Yes No
2. Have you enclosed a copy of your constitution or set of rules with this application? (We cannot process your application without a copy of your constitution/rules)
Yes No
3. Are you a membership organisation or have a representative structure? Yes No
4. Does your constitution/set of rules have an equal opportunities clause or any guidelines around equality? Yes No
5. If you answered no to the above question would you like some help from SCIPS to develop an equal opportunity clause? Yes No
6. Does your group have an Annual General Meeting? Yes No
7. Does your group have an elected committee? Yes No

8. Is your group *based in Sandwell* or do the majority of your members/beneficiaries live in the Borough of Sandwell? Yes No

9. *Are your members/beneficiaries resident in Sandwell?* Yes No

10. Please write a brief description outlining the main aims and objectives of your group (max 100 words)

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LIMITED LIABILITY GUARANTEE

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

Signed..... **Position:**

Date:.....

GUIDANCE NOTES

(a) No money is payable now. The guarantee lasts throughout the group’s membership. Once a group’s membership is cancelled the guarantee continues for 1 full year. Once this full year has passed the group has no further liability to pay anything to S.C.I.P.S.

(b) *The Board of Directors have the authority to accept or decline membership applications.*

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

For Office Use Only:

1. All details completed? Yes No
2. Has the constitution been enclosed? Yes No
3. Is the delegate an Individual Member? Yes No

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 _____