Individual Membership Application Form



YOUR INFORMATION

Title First	Name		Last Nan	ne	
Address					
Which town			Po	stcode	
Phone		E	Email		
Mobile		[Date of birth		
				You must be over 18	
ETHNICITY					
White British	White British		Mixed White & Black		
African		Other Asian background			
Asian or Asian British		Other Black background			
Bangladeshi		Other White background			
Caribbean		Pakistani			
Indian		Sikh			
Mixed White & Asian		Yemini			
Prefer not to say		Other,			
GENDER					
Male	_		Female		
Non-binary	Non-binary		Prefer not to say		
WHERE DID YOU HEAR ABOUT US?					
Friends or far	nily		Social Media		
Sandwell Cou	Sandwell Council		SCVO		
Other,					

INDIVIDUAL MEMBERS - CONDITIONS OF MEMBERSHIP

It is a condition of membership that an Individual Member must be a resident of the Metropolitan Borough of Sandwell.

An individual is not eligible for membership if they are already a TRA or Community Group Voting Delegate.

Any changes to an Individual Members details must be notified to SCIPS in writing, by email to enquiries@scips.org.uk or by post to SCIPS, NMC Building, 37-47 Birmingham Road, West Bromwich B70 6PY.

INDIVIDUAL MEMBERS GUIDANCE - LIMITED LIABILITY GUARANTEE

By becoming a member of SCIPS, you become a shareholder of SCIPS and guarantee that you will contribute £1 to Sandwell Community Information and Participation Service Ltd ONLY in the event of the company being wound up. No money is payable now. The guarantee lasts throughout your membership. Once your membership is cancelled the guarantee continues for 1 full year. Once this full year has passed you have no further liability to pay anything to SCIPS Ltd.

PRIVACY NOTICE

We ask you to provide your name and contact details overleaf, this is a requirement of Companies House. This information will be used to provide you with SCIPS member services.

We ask you to provide the other information overleaf for statistical and research purposes only. This helps us to ensure we provide an equitable service to all Sandwell residents.

Your contact details may be shared with delivery partners, funders and/or Sandwell MBC for monitoring purposes, but will not be shared with any other third parties.

I hereby agree to the conditions of membership and confirm that I have read and understood the limited liability guarantee.

Signature		Date
FOR OFFICE USE ONLY All details complete	Not existing voting delegate Resident of Sandwell	
	DATE ENTERED INTO DATABASE WHO CO	OMPLETED