



Individual Application for Membership

Please complete both sides of this form and return it to me, with your membership fee to the address overleaf.

If you are applying to become a WECIL member for the first time your application will be considered at the next meeting of the Management Committee. We will write to inform you of their decision. Your payment will not be processed until your membership has been approved.

You may want to keep a copy of your application for your records.

As a member you will:

- Have voting rights (full members only)
- Be eligible to stand for election as a Trustee (full members only)
- Receive our annual report and quarterly newsletter
- Receive regular information about WECIL activities
- Have access to the Members Forum on our website
- Be able to participate in Reference Groups

Title: Mr Mrs: Miss: Ms: Other:

Name:

Address:

Telephone:

Email:

Tick here to confirm you are over 18 years old:

I wish to apply for Full Membership

Open to Disabled People
£4 waged/£2 unwaged

I wish to apply for Associate Membership
(with participation but no voting rights)

Open to non-disabled people
£5 waged/ £2.50 unwaged

Do you require information in an accessible format?

Braille Tape Large Print

Email Other (please state) _____

What would you like to receive from WECIL membership?

Signed:

Date:

The information you provide on this form, and the additional information you may provide in the future, will be stored and used for consultation purposes and WECIL mail outs. We will not disclose this information to any other person or organisation except in connection with the above purpose.

**Please return this form to:
PA to Chief Executive Officer
WECIL Ltd
The Vassall Centre
Gill Avenue
Fishponds
Bristol
BS16 2QQ**

For Office Use:

Date Acknowledged:

Date application approved:

Date letter sent: