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Please tick if you require a receipt

NAME:

POSITION IN ORGANISATION:

NAME OF ORGANISATION:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL:

Members may name up to two additional staff or trustees to receive CTWM information:

NAME	ADDRESS	EMAIL ADDRESS	POSITION
1			
2			

If you are applying as an individual member please tick the following:

I confirm that I am personally responsible for paying my own subscription fee and it will not be paid by my organisation or another person

Signed:..... Date:.....

Please make cheque payable to Charitable Trusts West Midlands and return your completed form as soon as possible to: Dipali Chandra, Secretary, Charitable Trusts West Midlands, 109 Court Oak Road, Birmingham B17 9AA

In order to help us deliver activities and events of most relevance to our members, please indicate any formats and topics of particular interest to you:

- | | | | |
|-----------------------------------|--------------------------|----------------------------------|--------------------------|
| Briefings | <input type="checkbox"/> | Children/families | <input type="checkbox"/> |
| Conferences | <input type="checkbox"/> | Young people | <input type="checkbox"/> |
| Informal networking/social events | <input type="checkbox"/> | Elderly | <input type="checkbox"/> |
| Roundtable/discussion forums | <input type="checkbox"/> | Homelessness/housing | <input type="checkbox"/> |
| Seminars | <input type="checkbox"/> | Health | <input type="checkbox"/> |
| Workshops | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| Other [please specify] | | Social exclusion/inclusion | <input type="checkbox"/> |
| | | Charity law, finance, investment | <input type="checkbox"/> |
| | | Other [please specify] | <input type="checkbox"/> |

Given the right activity/event, would you be interested in becoming:?

A supporter of CTWM? Y/N

A sponsor of CTWM Y/N