



# Membership Subscription Form

## Hackney Council for Voluntary Service (HCVS)



**What we provide:-** *brief description of services*

.....

.....

.....

.....

**Who we serve**

<b>All</b>	<input type="checkbox"/>	<b>women and girls</b>	<input type="checkbox"/>
<b>men and boys</b>	<input type="checkbox"/>	<b>people with disability</b>	<input type="checkbox"/>
<b>older people</b>	<input type="checkbox"/>	<b>ethnic minority</b>	_____
<b>children</b>	<input type="checkbox"/>	(state which)	_____
<b>young people</b>	<input type="checkbox"/>	<b>Other (specify)</b>	_____

**Annual Income**

**Source of income**

<b>No more than</b>	<b>£5,000</b>	<input type="checkbox"/>	<b>Local Authority</b>	<b>£</b>	<input type="checkbox"/>
	<b>£10,000</b>	<input type="checkbox"/>	<b>LBGU</b>	<b>£</b>	<input type="checkbox"/>
	<b>£30,000</b>	<input type="checkbox"/>	<b>Lotteries</b>	<b>£</b>	<input type="checkbox"/>
	<b>£50,000</b>	<input type="checkbox"/>	<b>Health Authority</b>	<b>£</b>	<input type="checkbox"/>
	<b>£100,000</b>	<input type="checkbox"/>	<b>Trusts</b>	<b>£</b>	<input type="checkbox"/>
<b>More than</b>	<b>£100,000</b>	<input type="checkbox"/>	<b>Corporate</b>	<b>£</b>	<input type="checkbox"/>
			<b>European Funding</b>	<b>£</b>	<input type="checkbox"/>
			<b>Other</b>	<b>£</b>	<input type="checkbox"/>

As a member of **Hackney Council for Voluntary Service** we agree to abide by the aims and objectives and Equal Opportunities policies of **HCVS**.

**Name** ..... **Signature** .....

**Position** ..... **Date** .....

**Thank you for filling in this form.** This information will be kept on **HCVS** database and may be used for statistical purposes.

Please return to Paul Conway, Administrator by fax 020 7275 8577 or [paul@hcv.org.uk](mailto:paul@hcv.org.uk) HCVS, 84 Springfield House, 5 Tyssen Street London E8 2LY or call 020 7923 1962.