



**Pembrokeshire Association
of Voluntary Services**
Membership Application Form

Individual/organisation*

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Address.....
.....

Contact person:..... Telephone
Position:..... Email

I/we* wish to apply for Full/Associate* membership of the Pembrokeshire Association of Voluntary Services.

I/we enclose a voluntary/Associate subscription of £..... (Cheques should be made payable to PAVS.) **Full members need to enclose a signed copy of their constitution or other governing document.**

I/we* support the aims of the organisation and agree to become a member of the Pembrokeshire Association of Voluntary Services I/we*promise to pay a maximum of £5, if asked to do so, should it wind up its affairs.

Signed.....

Date.....

We would like to take advantage of the additional subscriptions to PAVS newsletter and have provided the names and addresses of the additional subscribers and enclosed payment at £5 per person per year.

Information about additional subscribers to the newsletter

	Name	Position	Full address (inc postcode)
1			
2			
3			

Please return the completed form to: **The membership secretary, PAVS, FREEPOST SWC4881, 36-38 High Street, Haverfordwest, Pembrokeshire SA61 2ZZ**