

Membership Application Form

Full Individual/Organisation Name: _____

Contact person: _____

Position held in organisation: _____

Address: _____

Post Code: _____

Telephone no: _____ Fax No: _____

Email: _____

Website: _____

PAVS will keep all the information given on this form on an internal database.

If you would like your organisation's contact details made public then please tick this box

Individuals details will not be made public.

I/We wish to apply for Full/Associate membership (please see description) of the Pembrokeshire Association of Voluntary Services.

I/We enclose subscription of £ _____

(please make cheques payable to PAVS)

Please send payment and a copy of your Constitution or other governing body document (without this your application will be delayed) to:

The Membership Secretary, PAVS, FREEPOST SWC551,
36 - 38 High Street, Haverfordwest, Pembrokeshire, SA61 2ZZ