# **NLCCE Charity Membership Application**

PLEASE COMPLETE IN BLOCK CAPITALS, THANK YOU

# **Eligibility**

Registered with the Charity Commission

|  |  |  |  |
| --- | --- | --- | --- |
| CONTACT DETAILS | TITLE | FIRST NAME | SURNAME |
| For NLCCE Mailing List |  |  |  |
| Position |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Charity Name |  | | | | | | | | |
| Address |  | | | | | | | | |
| Town/City |  | | County |  | | | Post Code |  | |
| Tel No. |  | | | | Mobile |  | | | |
| email |  | | | | | | | | |
| Website |  | | | | | | | | |
| Registered Charity No. |  | | | | | | | | |
| Accounts Department Contact Name | |  | | | | | | |
| Accounts Department Email | |  | | | | | | |

v

|  |
| --- |
| CHARITY AIMS & ACTIVITIES (not more than 50 characters please) |
|  |

|  |  |
| --- | --- |
| If you are working with any other Business Support organisations, e.g.: Enterprise Enfield. Please state the organisation. |  |
|  |  |

SENIOR MANAGEMENT TEAM DETAILS (for NLCCE Mailing List)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| JOB TITLE | DESIGNATION  e.g. Mr, Ms | FIRST NAME | SURNAME | EMAIL |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please provide all the information requested in the above sections as these details will be reproduced as your company’s entry in the North London Chamber of Commerce and Enterprise Business online directory. If you do not wish this information to be included please tick.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| REASONS FOR JOINING THE CHAMBER: | | | | | | | |
| Networking |  | Representation |  | Information |  | Training |  |
| Other: please state: |  | | | | | |  |

# **NLCCE Charity Subscription**

**£99 per annum +VAT**

**Please tick the appropriate box**

I would like to join NLCCE for one year Yes ❑

**Save 12.5% on your subscriptions by joining for two years**

I would like to join NLCCE for two years Yes ❑

**Save 20% on your subscriptions by joining for three years**

I would like to join NLCCE for three years Yes ❑

* Membership covers all employees who are welcome to attend NLCCE Events
* Membership commences from the due date for payment of your subscription

**I would like to receive emails / e-newsletters regarding NLCCE news, events and opportunities?**

**Yes** **❑ No ❑**

**The details you have provided on this form will be added to the NLCCE database. We respect the privacy of all our service users – for full details please see our Privacy Policy, which states how we collect, store and secure data – it can be viewed on our website https://nlcce.co.uk/files/2014/05/NLCCE-Privacy-Policy.pdf**

**By signing below, you confirm that the details you have provided are correct and agree to NLCCE adding your details to its database.**

*You may unsubscribe from our mailing list and request your record is deleted at any time.*

**I confirm that I accept the terms and conditions as stated above.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Us**

**Tel:** 0208 443 5457

**Email:** info@nlcce.co.uk

[www.nlcce.co.uk](http://www.nlcce.co.uk)