



'TOGETHER WE WILL MAKE A DIFFERENCE'

MEMBERSHIP APPLICATION FORM

Name _____ Title: _____

Address _____

_____ Post Code _____

Telephone No: _____ E-mail: _____

I confirm that I am over 18 years of age

The main purpose of the **Western Isles Cancer Care Initiative** is to provide support, assistance and information directly or indirectly to people affected by cancer throughout the Western Isles; to further build cancer awareness and research and to promote and influence effective care, involvement and support for people affected by cancer.

Western Isles Cancer Care Initiative has 3 classes of membership and is FREE in all cases

Ordinary Membership:

Membership is open to any individual who has an interest in and commitment to the purposes of the Western Isles Cancer Care Initiative.

Incorporated Membership:

Membership is open to any incorporated organisation or business, operating in the Western Isles, which has an interest in, and commitment to, the purposes of the Western Isles Cancer Care Initiative.

Unincorporated Membership:

Membership is open to any individual who has been nominated for membership by an unincorporated body which operates in the Western Isles, which has an interest in, and commitment to, the purposes of the Western Isles Cancer Care Initiative.

Role of Members - Members have the right to attend members' meetings (including annual general meeting) and have important powers under the constitution; in particular, the power to appoint people to serve on the board and take decisions on changes to the constitution itself. **Note: Incorporated & Unincorporated Members will have one vote.**

Liability of Members - The members of the organisation have no liability to pay any sums to help to meet the debts (or other liabilities) of the organisation if it is wound up.

I / We support the purposes of **Western Isles Cancer Care Initiative and wish to apply for:**

Ordinary Membership Incorporated Membership Unincorporated Membership

Signature _____ Organisation (if applicable) _____

Date: _____

Data Protection disclaimer: WICCI are registered to hold personal information on members, which will be stored in accordance with our data protection policy. Your details will not be disclosed to any other party.

For Office Use – Membership Number:

Date Membership Added:

Iomairt Cùram Aillse nan Eilean Siar an co-bhonn ri Taice Aillse Mhic a' Mhaolain

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**MACMILLAN
CANCER SUPPORT**