*Bottom of Form***FORM F**

**WEST LONDON EQUALITY CENTRE**

c/o 9 Stuart Avenue

Ealing London W5 3QJ

**RENEWAL OF INDIVIDUAL MEMBERSHIP 2020**

**OR**

**ASSOCIATE MEMBERSHIP 2020**

I hereby apply for a renewal of my:

* Individual voting membership
* Individual non-voting associate membership (TICK AS APPROPRIATE)

of WEST LONDON EQUALITY CENTRE

In so doing, I DECLARE that

I shall continue to uphold and abide by the constitution of the WLEC

I continue to subscribe fully to its objectives, as set out in clause 2 of the constitution, i.e. To promote equality of opportunity and good relations between all persons including persons of different racial groups: Black, Asian, Minority Ethnic, Migrant and Refugee communities (BAMER/BMER) and all persons experiencing disadvantage, and that I wish to contribution actively to their achievement and to the fulfilment of the functions set out in clause 3;

I understand and accept the responsibilities, which fall on members / associate members.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM F (p.2)**

All members and associate members of the council are asked to provide the WLEC with a postal address and telephone number(s) for the purpose of official communication

Standing orders require that no members or associate members’ address or telephone number(s) shall be published or otherwise disclosed without her/his express consent.

It may be desirable to circulate amongstWLEC members a list of telephone numbers at which members and associate members can be contacted.

Will you please indicate, therefore, whether you are willing for your telephone number(s) to appear on such a list. PLEASE TICK AS APPROPRIATE

* I do not wish my telephone number(s) to be disclosed.
* I am willing to have the following telephone number (s) included in any list the WLEC may circulate for internal use.

Biography Members and associate members are invited to supply brief information, in the space below, about organisations they may belong to, their particular interest in or experience of race equality work, discrimination, or any special expertise they can offer which maybe relevant.

This information will be regarded by the executive committee as confidential.

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ENCLOSE** £5 Membership fee per person

**OAP’S / UNEMPLOYED/ STUDENTS/ VOLUNTEERS**: FREE

FOR OFFICE USE ONLY:

Date application form received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date approved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_