



ASSOCIATION OF DOGS AND CATS HOMES
(ADCH)

APPLICATION FOR MEMBERSHIP

Full details of the membership categories are available on our website
www.adch.org.uk.

Please forward to the Secretariat (address below) a covering letter and the completed application form. The letter should include details as to why you want to join and what your expectations of membership to the Association are.

Reply to:

David Warner – Secretary
Association of Dogs & Cats Homes
Tyler's Way
Watford-By-Pass
WATFORD
Hertfordshire
WD25 8WT

Questions to be answered (please enter details as appropriate and an X into appropriate tick boxes):

1) What is the name of your organisation?

2) What is the address of your organisation?

Post code:

Telephone (inc. STD code):

Fax:

Email:

Website:

3) Please give the names of the following people:

Director/Chief Executive/Manager:

Telephone (Direct Line):

Chairman:

Secretary:

Treasurer:

Trustees:

Patron(s):

Solicitors:

Address:

Telephone (incl. STD code):

4) Bank Details:

Bank name and address:

5) Charity Registration Number:

6) Company Number (if appropriate):

7) In which year was your organisation founded?

8) Please outline your organisation's Aims and Objectives:

9) Please give details about the types of animals your organisation cares for and give approximate numbers rescued annually:

10) What type of work does your organisation do?

Rescue	<input type="checkbox"/>	Stray Contracts	<input type="checkbox"/>	Rehab	<input type="checkbox"/>
Rehome	<input type="checkbox"/>	Education	<input type="checkbox"/>	Commercial Boarding	<input type="checkbox"/>
Sanctuary	<input type="checkbox"/>	Neutering	<input type="checkbox"/>	Welfare Boarding	<input type="checkbox"/>
Other	<input type="checkbox"/>	(Please Specify)			

11) Please give the number of animals of each type that your organisation typically holds on a daily basis:

12) How many kennels/pens does your organisation have on how many sites?

18) How many staff does the organisation have?

<input type="checkbox"/>	Full time
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Part time

Volunteer

Others

14) Please give the name and address of the Veterinary Practice used:

Name:

Address:

Post code:

Telephone (incl. STD code):

Please indicate that you are happy for us to contact your vet for a reference:

Yes

No

15) Category of membership applied for:

Full Membership

Associate Membership

Please enclose a copy of your Constitution / Governing Document and the last three years audited accounts / financial statements. Copies of any Newsletter or literature you produce for the general public would also be appreciated.

Signed:

Name:

Position in Organisation:

Date: