



MEMBERSHIP APPLICATION FORM

Thank you for your interest in membership of the Association of Dogs and Cats Homes. Full details of membership are available on our website: www.adch.org.uk

To apply for membership, please complete and return this form (with additional information as requested) to the Association Manager:

**Fabiola Wardle
Association of Dogs and Cats Homes
c/o Battersea Dogs & Cats Home
4 Battersea Park Road
London SW8 4AA**

Please do not send any payment with your application form as, should your application be successful, the Treasurer will invoice you accordingly.

Please answer all questions by entering details as appropriate or an X into appropriate tick boxes or N/A in the event that the question does not apply to your organisation:

What is the name of your organisation?

What is the address, including post code, of your organisation?

Telephone:

Email:

Website:

Please give the names of the following people:

Director/Chief Executive/Manager:

Chairman:

Secretary:

Treasurer:

Trustees:

Patron(s):

Solicitors (with address):

Bank name and address:

Charity Registration Number:

Company Number:

In which year was your organisation founded?

Please outline your organisation's Aims and Objectives:

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

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)			

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

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

How many staff does the organisation have?

<input type="text"/>	Full time
<input type="text"/>	Part time
<input type="text"/>	Volunteer
<input type="text"/>	Others

Please give the name and address of the principal Veterinary Practice that you work with:

With this form, please enclose:

- A copy of your organisation's Constitution/Governing Document or equivalent;
- A copy of your organisation's accounts/financial statements for each of the last two financial years;
- Copies of any newsletter/promotional literature that you publish and that provide further information about the scope of your work;
- (If available) Two references that support your work and application for membership (these should be from a registered veterinary surgeon, a Local Authority Dog Warden or from an existing ADCH member organisation);

Signed:

Name:

Position in Organisation:

Date: