



Community Leisure UK

Associate Membership Application Form

Please complete the details below in **BLOCK CAPITALS** and return the form to:

Community Leisure UK, CAN Mezzanine, 7-14 Great Dover Street, London SE1 4YR

About your organisation

Head of Organisation: _____

Email address: _____

Contact Name (if different from above): _____

Position: _____

Name of Trust or NPD: _____

Head Office Address: _____

Website Address: _____

Telephone Number: _____

Type of Trust (please delete as appropriate):

IPS IPS Exempt Charity CLG CLG Charitable Status CIC CIO

Other: _____

Trading since: _____

Registered Charity/IPS* Number (*delete as appropriate): _____

Annual Turnover (£): _____

