##### MEMBERSHIP APPLICATION FORM

I apply to be a member of the Race Equality Network of Bradford.

**Please write in capital letters**

Your Name/or Organisation if applicable ……...………………………………………………………………

Address ………………………….………………………………………………………..……………………

Post code …………………………………………

Mobile no ……………..……………….………….

Email ……….……………………………………………….……………………………………………………

YOUR PROFILE (brief description of your experience, knowledge etc. or the work of your organisation if applicable)

YOUR COMMITMENT TO REN AIMS AND OBJECTIVES (WHAT YOU CAN OFFER)

DECLARATION

I declare that if accepted as a member I will abide by the rules and regulations laid down from time to time by the Network and pledge to further the Network’s aims and objectives. I also agree for my contact details to be shared with other members and partners/stakeholders (to fulfil GDPR requirements)

SIGNATURE: ……………………………………

DATE: …………………………………………..

**Note: Membership is open to any individual or organisation interested in supporting the objectives of R.E.N. and living, working or operating within the District of Bradford. The Board may, accept applications from outside the District in some circumstances.**

Official Use

Membership acceptance YES NO Date……………………….

Authorised by ………………………………………………